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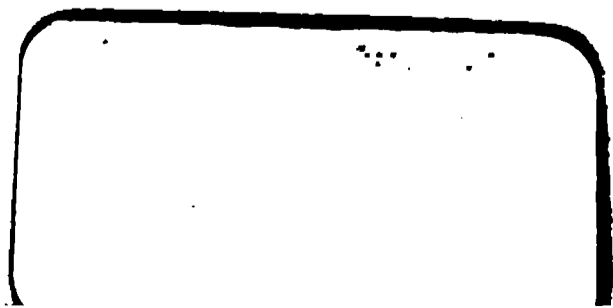
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THE MONTHLY  
HOMŒOPATHIC REVIEW.

EDITED BY  
ALFRED C. POPE, M.D.,  
AND  
D. DYCE BROWN, M.A., M.D.

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## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE PAST YEAR.

It is an excellent and salutary thing at certain great epochs in life to look back on the past, consider our shortcomings and our progress, and from this study to turn our thoughts onward to the future, profiting by the lessons of the past, and buckling on our armour for work to come. The end of one year and the beginning of the next forms one of the most fitting seasons for such reflections. We learn to estimate our whereabouts as regards ourselves and our neighbours at the end of an interval comparatively short, and yet sufficient in the race of life to justify a pause for retrospect. We, as it were, stop and take a breath before proceeding on our next stage.

It has been remarked of nations that one is happy and prosperous in proportion as there is little eventful to record in the year. So, to a certain extent, is this true of individuals and communities. Certain years may be fraught with important events, which cause upheavals and revolutions, and stand forth in history, but for quiet progress and prosperity an uneventful year is perhaps of more real importance, and may bear more truly valuable

and permanent fruits. Such an uneventful year has been the past one of 1880. There is little of importance to record, either with regret or with exultation. But none the less has it, we believe, been one of steady and quiet progress. Our public institutions pursue the even tenor of their way. The London Homœopathic Hospital is now, thanks chiefly to the munificent bequest of the late Dr. QUIN, in a pecuniary state which sets the mind of the Committee of Management at ease. There are schemes afloat for the enlargement of the hospital, so that it shall contain 120 beds. We sincerely trust that the active and energetic promoters of this scheme will be successful, but meantime things go on very smoothly, and without the strain which existed a short time ago, and perplexed the Board of Management. Through the munificence of one lady, six beds, called after her the "Durning" beds, are now in constant use, chiefly for the treatment of cases requiring a longer residence in the hospital than the ordinary arrangements admit of. We should rejoice to see this munificent example followed by others, of whom there are many, to whom the gift of a few hundreds a year would be only a small item in their yearly expenditure. The other hospitals and dispensaries in the kingdom are all flourishing in their quiet way; the Hahnemann Convalescent Home at Bournemouth is in full working order, and is productive of much benefit to the poor, who would otherwise be unable to obtain the advantage, often a question of life and death, of a mild winter climate.

Before leaving the subject of the hospitals, it may be well to draw the attention of some of our *confrères*, who will persist in repeating what had been remarked in some former years as to the class of cases admitted into the London Homœopathic Hospital, to the actual state of affairs.

This statement was that few cases of an acute or serious nature were there treated. Whatever of truth there may have been for this assertion in some former years, a glance at the list of cases in the hospital reports, and published again in a letter by one of the physicians in reply to a misstatement to the same effect by Dr. EDMUNDS at the opening of the new Temperance Hospital, will show how untrue such an accusation is.

The class of cases will compare with that of any other hospital, while, compared with those treated in the Temperance Hospital, which Dr. EDMUNDS attempted to set up as a model, the latter is nowhere. And yet we find this same thing said by men of our own school, who ought to know better, and who, if ignorant of the truth, have themselves to blame, for not having taken the trouble to read the list of cases appended to the Annual Report. During the year 1880, we have the means of knowing that an unusually interesting and serious run of cases has been under treatment. And yet the mortality is lower, even by Dr. EDMUNDS' own admission, than that of any other metropolitan hospital; and this, not only in the year past, but on an average of the past ten years. That this should be so is almost marvellous, considering the very unsatisfactory condition of the drainage which was discovered to have existed. Thanks to the energy of the Board, the system of drainage is now as perfect as modern science can render it. The hospital was closed, to accomplish this end, for a whole month, entailing a heavy expense, to defray which strenuous efforts are to be made.

The London School of Homœopathy is working on in the even tenor of its way, in spite of obstacles and many discouragements; most of the latter, we regret to say, coming from members of our own section in medicine. Why

this should be so, we are at a loss to understand. One would think that in so catholic an undertaking as a school for the public teaching and spread of homœopathy, all would vie in lending a helping hand and an encouraging word. Were this so, the frequent discussions as to the best means of rendering it more efficient than it is, would result in much more good than, unfortunately, they do. The want of a real, friendly, true, and sympathetic interest is, we regret to say it, only too visible in certain quarters. We sincerely hope that in our retrospect of 1881 we shall have a different report to make in regard to this young institution, capable of being so useful in the spread and ultimate success of those doctrines we all have at heart. Into the merits of the various schemes for the advancement of the school we do not here enter, as we have from time to time in our columns criticised them, while giving full scope for free discussion on all sides. We have this year to regret the resignation, by Dr. RICHARD HUGHES, of his lectureship on *Materia Medica* and *Therapeutics*, owing to pressure of private practice. In his place the governors have appointed Dr. POPE. Dr. HUGHES has, however, consented to give a summer course of lectures on the principles of Homœopathy. At the opening of the present winter session the usual introductory lecture was replaced by the first of a series of "HAHNEMANN" orations or lectures, the Committee of Management having resolved to appoint a "HAHNEMANN" lecturer each year. The object of these lectures is to bring into more prominent notice the discovery of the law of similars, and the bearings of HAHNEMANN's eventful life on the system of homœopathy, and so to form a perpetual memento of his great genius. Dr. J. COMPTON BURNETT, who was chosen the lecturer for the present year, delivered an able address, which was

listened to with much interest, and which, we understand, is to appear completed in the form of a book.

The annual Congress of Homœopathic Practitioners was held in September, at Leeds, under the presidency of Dr. YELDHAM. The papers read were interesting and instructive, and gave full scope for discussion. The meeting was, by all who were present, reckoned a most successful one. The various papers, with the subsequent discussions, will be found in our pages for October and November.

As to our relations with the old school, we have not much to record. Feeble ebullitions of the old deeply-rooted hatred of homœopathy have occurred, the feeblest, as well as the most prominent, being that of the Royal College of Surgeons of Ireland. We lately noticed this fully in one of our leading articles, and so pass it by with a smile of pity and contempt for such an attempt to establish the tyranny of a trades-union in a so-called liberal profession in the nineteenth century. On the other hand, the pages of the old school journals, every now and then, testify to the gradual leavening of the profession by our doctrines, in spite of the openly-expressed distaste for them. Why certain of the old school should in these days of freedom of opinion allow themselves to conceal, not to say vilify, what they know to be true, their practice showing that they know it to be true, is marvellous to us, and will one day form a curious chapter in the history of medicine. Meantime the leaven is working, and must ultimately leaven the "whole lump."

We are fortunate in having during the past year a very small obituary, although in it appear the names of two very eminent Americans — CONSTANTINE HERING and HEMPEL. Both were very hard workers, both did a vast deal for homœopathy, both are much missed, and both have written their names imperishably in the annals of

medicine. Now that they are gone from us we can look back on their lives with admiration and veneration, and hold them up as models, which it should be our aim to study and copy.

In our own country we have had only two deaths to record, Dr. HENRIQUES and Mr. TATE. They were both hard-working practitioners, who, though not making their names widely known as those great men of the sister country of America, yet laboured successfully in their daily calling, and were beloved by their patients and numerous friends. We sincerely trust that our next year's list of losses by death will be as small. Every one is missed, however unobtrusive his course of life has been.

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## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF THE BICHROMATE OF POTASH.\*

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FOR the study of this drug we have, perhaps, fuller and more adequate details at our disposal than we have for that of any other. The proving of the Bichromate of Potash, by Dr. Drysdale, which contains nearly every known pathogenetic fact regarding it, is a model of what a drug-proving ought to be. It is published in the *Hahnemann Materia Medica*, Part I., and deserves the careful study of every practitioner of medicine. Dr. Drysdale has here brought together, in a thoroughly scientific manner, the observations of twenty-three male, and seven female voluntary experimenters with this salt, and a large number of well-substantiated and carefully examined cases of poisoning by it. Added to these, are a number of experiments on some of the lower animals, with a statement of the morbid appearances they presented after death; while to the detail of the symptoms produced, a summary of the physiological action of the drug, and a series of illustrations of its therapeutic uses are appended. Had all the medicines now used been examined as carefully and elaborately as Dr. Drysdale has examined the bichromate of potash, the

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work of the student of therapeutics would be both pleasanter and simpler, and the duties of a lecturer on *Materia Medica*, very sensibly lightened.

Dr. Drysdale's article appeared in 1851, and, together with his own enquiries, contained those of the Austrian Society. The article on this salt in Allen's *Encyclopædia* gives these researches, and, in addition, a few observations and cases of poisoning that have been recorded of late years.

In the Homœopathic Pharmacopœia, the German designation of this salt—*Kali Bichromicum*—is retained.

The bichromate of potash is essentially, indeed, I may say exclusively, a tissue-irritant, and as such, its action is exerted upon the skin, the mucous surface of the mouth, throat, larynx, trachea and bronchi, the œsophagus, stomach and intestinal tube. It also exercises a well-defined and powerful influence upon the liver and kidneys, as well as upon some of the joints and the periosteum.

Dr. Drysdale has observed that its influence is most marked in fat and fair-haired persons; and that many of the symptoms it occasions are most pronounced in hot weather.

On the nervous system, save indirectly, this salt appears to have little influence. The headache, which accompanies the gastric and intestinal symptoms characterising its action, is a vertigo, followed by aching across the forehead, aggravated by stooping and moving.

Independently, however, of its action on other parts of the body, it excites a well-defined supra orbital neuralgia, characterised by violent shooting pains from the root of the nose along the left orbital arch to the external angle of the eye with dimness of sight. The pain begins in the morning, increases until noon, and goes away towards evening. In each instance, in which this kind of neuralgia was felt, it was on the *left* side.

The catarrhal-like condition set up by the bichromate of potash is very well marked in the mucous tissues of the eye ball. Thus, we find burning and smarting of the eyelids, in the canthi, and the *curuncula lachrymalis*. The conjunctiva oculi is reddened, presently the palpebral conjunctiva becomes so too. On waking in the morning the eyelids are agglutinated, and yellowish matter accumulates at the angles. Pustules, small white elevations, surrounded by a good deal of redness, form on the conjunctiva of the left eye towards the inner canthus.

While these conditions are present, vision is dim, and there is a dread of light, especially towards evening.

These symptoms, which are very characteristic of the action of this salt, indicate it as a remedy in catarrhal ophthalmia, and especially as it appears in strumous and syphilitic subjects, while its clinical value in such cases has been amply and most satisfactorily tested.

The following case recorded by Dr. Drysdale in the 15th volume of *The British Journal of Homœopathy* illustrates one form of ophthalmia in which the bichromate is a very useful medicine :—

Mr. W., æt. 29. Has been subject to inflammation of the eye from childhood. Has had syphilis three times ; the last time four years before, and was treated with mercury, and salivated. He had gonorrhœa a year before. In the middle of July he was attacked with inflammation of the right eye, and it continued to increase, but he had not put himself under any treatment for fear of the bleeding and salivation he had undergone on former occasions. On the 29th of August he came to me suffering from great pain in the head, and over the right eye, with excessive flow of tears and intolerance of light, so that it was difficult to obtain a good view of the state of the eye. The sclerotic was deeply injected and iris muddy ; the conjunctiva injected, and a large white opaque spongy looking speck in the middle of the cornea, to which red vessels ran across the clear part. Up to the 18th September he got *sulphur*, *belladonna*, and then *spigelia*, with some relief to the pains in the head, but the symptoms of the eye remained the same. He now got gr. i of the first decimal trituration of the *kali bichrom.*, to be dissolved in fourteen spoonfuls of water, and one taken every six hours. Under this he improved rapidly, and to such a degree that on the 27th the eye was nearly free from signs of inflammation, and the speck and vessels supplying it were less. He got no medicine till the 2nd October, and then the speck remained the same, with watering of the eye on attempting to use it ; he got *hepar*, followed in due course by *merc.*, *euphras.*, and *thuja*, with progressive improvement of the speck.

The same catarrhal-like state is observed on the mucous surface of the nose ; but here it seems to be deeper and to disorganise the septum and nasal bones to some extent.

We also notice sneezing, with a discharge of clear water from the nose, aggravated on going into the open air. The nose then becomes sore and red, and there is either a total loss of the sense of smell or a consciousness of a foetid odour from it. With this catarrh there is oppressive head-

ache, often followed by more or less profuse epistaxis. After a time the nose becomes sore and dry.

In those cases where the inflammation was more intense great pain and tenderness were felt at the junction of the cartilage, and the septum was ulcerated quite through. The nose became obstructed by the repeated formation of hard elastic plugs, called by workers in bichromate of potash "clinkers."

In many cases of ordinary catarrh, still more in certain epidemics of influenza, and again in syphilitic disease of the nose, this salt has been found of great value. It is chiefly in cases where, with great stuffiness of the nose, headache and epistaxis are especially prominent that it will be preferable to other drugs, having a catarrh-like action on the nasal mucous membrane.

A case is related by Dr. Drysdale (*op. cit.*) which is a good example of the kind of chronic inflammation of the Schneiderian membrane in which bichromate of potash is remedial. The details are as follows:—

Mrs. H., æt. 50. Had always been subject to colds in the head, and determination of blood to the head. About two years before she had a severe influenza, and from that time she dates her present symptoms. The catamenia ceased about two years ago also.

March 21st, 1858. Complains of constant discharge of thick yellow matter from the left nostril, mostly early in the morning, and having a foetid smell after any fresh cold. She has also a severe pain up the muscles of the left side of the neck to one small spot in the side of the head, brought on and aggravated by blowing the nose. In the left nostril, half way up, there is a severe smarting pain extending to the malar bone below the eye. There is little sneezing, and no perversion of the sense of smell. The general health is good, except that the bowels are costive and tongue white.

Prescription.—*Kali bich.*, 6, 8, 6, 2, 6, 6, a powder of each dilution in succession, one powder every second day, dissolved in four spoonfuls of water, and one to be taken night and morning. There was also given a lotion composed of half a grain of the neutral chromate to the ounce of water, to be snuffed up the nostril twice a day. On the 5th April she was much better than for two years. The pain was quite gone for some days, although she had a slight fresh cold; the discharge is much less copious, and is thin, and without foetid smell. The pain in the neck and head and malar bone gone. The medicine was repeated, and at the expiration of the second course she was well.

In the 24th volume of the *British Journal of Homœopathy*, Dr. Ransford gives the particulars of a very interesting case, showing the power of this salt over disease of the nasal passages having a malignant aspect :—

The patient was a gentleman, eighty-two years of age, who had resided for thirty years in India, where he had had two attacks of fever and one of cholera. During the two years previous to the illness Dr. Ransford refers to, he had had diarrhoea and bronchitis on two or three occasions. In the autumn of 1864 Dr. Ransford saw him on account of a highly vascular, spongy texture in the right nostril, distending it, and apparently growing upwards. After a few weeks it travelled slowly downwards, and protruded externally. The left nostril became affected in the same way; the soft parts of the *alæ nasi* were involved, but the bony structure was unaffected, and there was but very slight and occasional muco-purulent discharge. His nurses stated that the discharge was offensive. Occasionally there were severe paroxysms of lancinating pain in the affected parts, sufficiently acute to make the poor man cry out loudly; deglutition was unaffected, and the soft palate likewise, but by the continued growth of the tumours, and by their constant pressure, the neighbouring soft parts were absorbed, and considerable disfigurement was the result. Speech was not much affected, except that the voice was rather hoarse. He was now seen by Sir James (then Mr.) Paget, who simply prescribed cleanliness and a generous diet, both of which suggestions had been anticipated. He was also seen by Dr. Sanderson, formerly of the Bengal army, who considered the case hopeless. Up to this time the medicine most frequently given had been arsenic, in various dilutions, but without any apparent effect on the ulceration process. Dr. Ransford now prescribed the bichromate of potash in the third dilution, both internally and externally, by means of a glass syringe. Most unexpectedly, the progress of the disease was gradually but visibly checked; healthy granulation took the place of phagedenic ulceration, which never recurred. He lived many months after the healing process was accomplished."

The catarrhal-like inflammation extends downwards to the larynx and bronchi. Thus, following the symptoms of nasal catarrh, we have in the larynx, pain in the sides, the nape of the neck, and left shoulder; the throat looks inflamed and red around the tonsils. Then follows cough with sputa, free, thick and slaty in colour, and some dyspnoea, with a sensation of dryness in the bronchi. We find also great tickling in the larynx, causing cough at every inspiration, hoarseness, tightness of the chest, especially at the bifurcation of the trachea—increase

of cough, with frequent hawking up of thick, tough, yellowish, whitish, mucus. In another case the larynx was still more affected. A sense of pressive aching was followed by tickling, which extended to the throat and ears, and at night amounted to burning and scraping in the throat, and upper part of the larynx.

Among the workpeople, whose cases were studied by Dr. Drysdale, the bronchial symptoms were more marked than the laryngeal.

Cases of bronchitis have certain fundamental symptoms common to all of them, but you must not, you cannot, with success, base your prescription upon these. Because a drug gives rise to a state similar to bronchitis, it does not follow that it will cure all cases of that disease. It is only that kind of bronchitis, that particular attack, where the symptoms are like—and the nearer like the better—those a given drug will produce, that you can expect to cure with that drug. It is from the want of recognition of this fact that so many failures occur in endeavouring to put the homœopathic theory into practice. It is from the same cause that disappointment so often arises in testing the assertions, frequently met with now-a-days in works on *Materia Medica*, which have originally been obtained from the observations of homœopathic physicians—assertions which are true enough in themselves, but only true when applied with the precision which a careful application of the law of similars involves.

To say, therefore, that bichromate of potash will cure bronchitis is true enough, but it is only a half-truth—one that requires to be supplemented by a description of the kind of bronchitis of which it is remedial. Hence, I will endeavour to point out to you, with some degree of minuteness, the bronchial condition to which this salt is homœopathic.

In the first place, it generally commences with a catarrh, which has travelled down the mucous membrane from the nose or throat into that lining the bronchi or bronchial tubes. The cough is loud and harsh, worse in the morning and attended with expectoration of *tough* mucus. This mucus is in various stages of degeneration, sometimes white, at others dark, even blackish, at others yellow; but it is invariably tough and difficult to detach, and capable of being drawn out into long strings. At the same time, there are pain, weight, and soreness at the chest, with marked dyspnoea and oppression.

If, at the same time, your patient presents symptoms of indigestion, and a disordered state of the biliary function, as indicated by a tongue thickly coated with yellow fur, weight at the epigastrium, sour and flatulent eructations and constipation, this medicine will be still more clearly indicated, and you may prescribe it with the fullest confidence of doing good.

From this account you will see that it is mostly in cases of sub-acute and chronic bronchitis, with a low type of inflammation, tending, as it were, to ulceration, that this salt is useful.

In laryngitis, too, it is well indicated, and has proved most serviceable. I do not think that it is ordinarily useful in croup. At the same time, here also, we meet with cases where it is indicated and has proved curative. Dr. W. E. Payne, an American physician, writing some thirty years ago, described an epidemic of croup as occurring in the town where he lived, in which the medicines he had commonly found useful, had utterly failed him. A study of the pathogenesis of bichromate of potash led him to prescribe it, and with this alteration in his prescription the tide turned, and his patients recovered. As I read his account of the epidemic now, it appears to me to have been one of diphtheria, and not of that membranous croup which is encountered by *aconite*, *spongia*, or *iodine* and *hepar*. In this epidemic, the characteristic symptoms of the cases, in which the bichromate was successful, were their low type of inflammation, the restlessness of the child, the plugging of the left nostril with thick white mucus, and the covering of the tonsils with a thick white tenacious mucus. As I have said, it is probable that they were in reality what we should call diphtheria; and, in some instances of this disease of a specially low type, and where we have an imperfect, ill-developed, false membrane occupying the nares, as well as the throat, bichromate of potash has frequently been useful.

The pharyngeal symptoms, produced by this salt, are indicative of a low type of ulceration. Besides the usual stinging and sore pains in the tonsils, we have objective signs of great value. The uvula is elongated; on the fore part of the palate are single circumscribed spots of the size of a barleycorn, coloured red, as if little ulcers were about to form; a long continued erythematous blush covered the

fauces and soft palate. In another case, the uvula and tonsils became red, and swollen, and painful, and finally ulcerated. This man, a workman in chromate of potash works, was seen by a surgeon, and his symptoms were by him attributed to syphilis. It is in syphilitic disease of the throat that this salt has proved one of the most efficient of remedies. In simple catarrhal ulceration, and in ulcers arising from the presence of the syphilitic poison you may very frequently obtain the best results from it.

In poisoning by the bichromate of potash, the digestive apparatus is thoroughly disordered. The tongue is thickly coated, posteriorly especially, with a yellowish or yellowish-white fur, when the gastric symptoms alone are present; when the inflammation proceeds further down, and we have gastro-enteritis, it is dry and dark-brown furred; when intestinal ulceration has been set up, it is smooth, red and cracked.

Salivation is also prominent, and at the same time thirst, and a coppery, sour, bitter taste, especially after meals. Ulceration of the buccal membrane and of the tongue are equally marked symptoms.

Nausea and vomiting are constant symptoms of the disordered state of the stomach induced; a state that may be described as varying from a simple catarrhal dyspepsia, to absolute gastritis and ulceration. The nausea of the bichromate of potash is worse on motion, produces a sense of faintness, and an uneasy, painful sensation in the stomach, with a sense of weariness. It was by several provers compared to that of sea sickness. The vomiting is attended with pressive, burning pains in the stomach. The matter vomited was yellow, bitter and bilious in some instances, in others clear and watery, and in others bright arterial blood. The vomiting was accompanied by giddiness, a burning pain in the head, and cold perspiration on the hands and other parts of the body.

Taste is perverted, being metallic, coppery, saltish, sour or bitter. Thirst is generally considerable, but in one instance the gratification of the desire for water was followed immediately by an increase of nausea. Appetite for food is generally destroyed, and always capricious. A meal is followed by nausea, eructations, gastric distension, and increased flow of saliva. The pain in the stomach after food deserves marked attention. It comes on soon after taking food, commonly within half-an-hour. Its

character varies with the dose taken, being in some instances violent and burning, in others resembling a sense of distension. It is situated over the great curvature of the stomach, some three inches below the ensiform cartilage and, after its subsidence, there frequently remains a soreness on pressure. In nearly all instances the pain is attended with vomiting.

As I remarked just now, these symptoms all point to the power of bichromate of potash to give rise to various degrees of irritability of the stomach of a kind similar to that met with in some forms of dyspepsia of the catarrhal order, of well marked gastritis, and of erosion, if not of actual ulceration of the stomach. The *post mortem* appearances obtained from experiments on the lower animals show that these are the forms of disease which are produced. Moreover, just as the symptoms observed in the human subject would suggest, the bulk of the mischief is at the cardiac end of the stomach. Dr. Drysdale, in his original paper on this drug, published in an appendix to the *British Journal of Homœopathy*, says, "At the cardiac orifice and central portions of the stomach were extensive chocolate coloured superficial ulcerations. The pyloric extremity was more healthy."

In Fig. 2 of the plate accompanying this paper, you will see the kind of destruction wrought by the bichromate in the cardiac extremity of the stomach of a dog.

Producing little or no irritation around the pylorus, bichromate of potash sets up considerable irritation in the duodenum, the colon, and rectum. In the duodenum, this is especially well marked. *Post-mortem* appearances have displayed inflammation extending to ulceration. The symptoms of provers, likewise, the pain and tenderness in the upper portion of the abdomen, the vomiting of excessively bilious fluid, and the diarrhoea, suggest the presence of irritation in this part of the intestinal canal. Duodenitis is rare as an idiopathic disease, though not unfrequently met with after severe burns; while catarrhal inflammation of this part is not an uncommon cause of jaundice, a condition which, though not set up in full by this salt, is one the initiative stage of which, the marked pain in the liver and the pale stools produced by it, hint that it does give rise to. Hence in the duodenitis following burns, and in the duodenal catarrh, which precedes some cases of jaundice, the bichromate will be indicated and found useful.

Both the symptoms observed during life and the *post-mortem* appearances afford evidence of severe enteritis being occasioned by the bichromate. Abdominal pain is violent, pinching and sore; the abdomen is sensitive to the least pressure; frequent bloody motions, with gnawing pain at the navel, and ineffectual straining after stool, have been observed; the tongue is red, smooth, and cracked; all these symptoms point to enteritis of a severe type. Associated with them we have a certain amount of fever. The skin is hot and dry; heat alternates with cold; and in instances where the symptoms were especially painful and severe there was the sweat of exhaustion. In experiments with dogs, *post-mortem* examination showed redness of the mucous membrane of the ileo-coecal valve with blackish spots upon it; the colon and rectum were also reddened.

In its action upon the colon and rectum, bichromate of potash strikingly resembles corrosive sublimate. In the former the pain is less burning than in the latter; the discharges of blood neither so frequent or profuse, and the prostration is less considerable. It is in the less severe forms of dysentery that the bichromate has been most frequently used; but in all cases of that disease it is a medicine deserving of careful consideration when prescribing.

The action of this salt on the liver is fairly well marked by the symptoms it produces, but still more so in the *post-mortem* appearances that have been noted.

Thus in the *Hahnemann Materia Medica*, Dr. Drysdale gives the following summary of the appearances found in some of the lower animals poisoned by it.

"In two the liver was dark brown, very friable, and full of blood. In most the gall bladder was full of bile. In another the surface presented the appearance of alternate very dark and pale patches. The section had a mottled appearance. Scattered over both surfaces were numerous spots of a whitish yellow colour about the size of a pea, slightly depressed, and of a softer consistence than the surrounding structure. When cut into they were found to extend into the substance of the gland in a globular form. In a fourth both surfaces of the liver were studded with yellowish spots of a spherical shape, the size of large peas, reaching from one quarter to half an inch into the substance of the gland. Where they touch the surface there is a slight depression or indentation showing a loss of substance. They are of a softer consistence than the surrounding parenchyma."

It may be difficult to recognise such a condition during life, but it is foreshadowed by the pain in the region of

the liver, an anæmic cachectic appearance, and the absence of bile in the stools.

When associated with the dyspeptic symptoms characteristic of the bichromate, acute disorder of the liver will often be much benefited by this salt.

The bichromate of potash, therefore, you will think of when you meet with cases of simple catarrhal dyspepsia, especially when the catarrhal influence pervades the entire mucous tract, in ulceration of the stomach at the cardiac end thereof, in inflammation of the duodenum after burns, in gastro-enteritis and dysentery as well as in some obscure cases of hepatic disease.

The congested condition of the kidney is sufficiently well marked by the symptoms noted in provers, and is very well pronounced in *post-mortem* examinations.

Pain in the loins, knife-like, and aching, with frequent desire to micturate, but with only scanty, and in some instances no result, are common in provers of large doses. With these symptoms of kidney disturbance, we have vertigo and other pains in the head.

I am not aware that albumen has been found in the urine as the result of taking this salt, but that the kidney is congested, and the secretion of urine is suppressed by it is beyond doubt. Dr. Drysdale utilised these indications with admirable effect in the epidemic of cholera, which prevailed in Liverpool thirty years ago. The suppression of urine, which occurred in so many instances was generally rapidly relieved by the bichromate.

The irritant action of this salt upon the skin is especially well marked, while its use as a remedy in some forms of ulceration has been most encouraging. This irritant action, be it observed, is not merely local, not merely the consequence of direct application to the part, but is excited when introduced into the body by inhalation or through the mouth; while, in those cases where it has been set up by direct contact, the eruption, and consequent ulceration, is not confined to the part where the direct contact occurred, but is diffused over the body. Subjective symptoms of skin irritation were frequently noted in voluntary provers and, in one or two, such as are objective also. Burning and itching of the face and body; burning on the outside of the leg, are characteristic of the former. The following symptom is from the late Dr. Rutherford Russell's contribution to Dr. Drysdale's, proving: "On the night of

the 2nd he had considerable itching of the hairy parts of the genitals ; it increased to inflammation of the skin, and the formation of about twenty pustules, the size of pin heads, which were clustered in the space of a square inch. Next day it continued all day, and was very troublesome, causing him to scratch constantly. On the 4th and 5th the pustules formed little ulcers, and ran together into one which discharged matter ; and there were severe shootings in it, waking him at night. It healed up in five or six days."

These symptoms describe a pustular eruption, tending to coalescence, with rapid destruction of tissue, burning and stinging pains.

When the quantity of the salt is much greater than that taken by the voluntary prover the tendency to ulceration is proportionately more considerable. It commences by a pustular eruption which is observable in different parts, and on either side of the body. The pustules coalesce, scab over, and on removal of the scab a small ulcer is revealed. These ulcers vary in size from that of a pea, to that of a half-crown, they are generally dry, of an oval form, with over-hanging edges, have an inflamed bright red areola, hardened base, moveable on the subjacent tissues, with a blackish spot in the centre. While these patches of ulceration may, as I said just now, appear on any part of the body, they do so with especial frequency immediately below the nail, and are then extremely painful. The ulcers most readily yielding to the bichromate are such as are small in size, occur in groups, and are painful and irritable, especially at night.

Its use externally greatly facilitates the cure, but it must be applied with great caution. A grain to four ounces being a solution fully strong enough for the purpose, for when there is a largely denuded surface anything much stronger has been found to give rise to severe pain. In ulcerations under the nail it is an invaluable remedy. A few weeks ago I saw a striking illustration of this in the case of a young lady, who had in consequence of such a sore under a finger nail, been prevented from using her piano for two or three weeks. The application of a weak solution of the bichromate completely healed this troublesome and painful sore within forty-eight hours.

In some instances of pustular eruption, where the tendency is to coalescence and the formation of a scab, with a pus secreting ulcer beneath it has been used with much success—especially in syphilitic cases.

In this review of the pathogenetic action and therapeutic uses of the bichromate of potash, you cannot fail to have noticed how similar are many of its symptoms and objective signs to those characterising secondary syphilis—the sore throat which has been mistaken for the syphilitic form, the periosteal pains, the rheumatism, and lastly the skin eruption—papular, pustular with a hard dark scab and depressed cicatrix are all very similar to the phenomena presented by secondary syphilis. In many such cases you will find it invaluable.

The following case, recorded by Dr. Drysdale, in the *British Journal of Homœopathy* (vol. xv.) is a very good example of the power of the chromate of potash in the acute stage of syphilitic nodes—in such as are chronic you will be more likely to find *aurum* or its muriate more serviceable.

“A florid red-haired woman. Her husband had syphilis before marriage five years ago. She never had any primary sores on the genitals, though she had sore throat and ulcer on the lips. The first two of her four children were premature and still-born, the two last delicate. She is now nursing the last six months’ infant, and her general health is pretty good. For two months has had a red and painful doughy swelling on the right shin; it is tender to the touch, and after standing, but is especially painful at night when the gnawing and scraping pain keeps her long awake. On the other leg there is a swelling like a boil. She has also leucorrhœa and itching at the vulva, otherwise well.

“*Prescription.*—One grain of 1st trit. of *kali chrom.* three times a day. In eight days the node was found very much better, being colourless, small, and without pain. She stated that the pain and inflammation began to subside next day, and gradually went off, so that she had been able to sleep well and had no pain for the last five nights. The itching of the vulva was also nearly gone. The medicines were continued in the same way, and in seven days more the node was reduced to a slight thickening, quite painless. The boil on the other leg had, however, increased, and seemed inclined to suppurate. The *kali chrom.* was given up and other remedies given.”

This salt has been used by different practitioners in various doses. For my own part I prefer the 3rd decimal trituration as being sufficient for curative purposes, and unlikely to excite, save in very sensitive persons, any physiological action. At the same time I have seen admirable results from the 6th dilution. As a lotion a quarter of a grain of the pure salt to an ounce of water forms a solution amply strong enough.

## A RECORD OF TWENTY CASES TREATED ON THE PRINCIPLE OF HAHNEMANN'S LAW OF SIMILARS.

By JOHN H. CLARKE, M.D.

THE following twenty cases are examples of treatment according to the law of similars. In each case the medicines the patient received were prescribed because they were believed to have the power of producing in a healthy person a diseased state similar to the state in which the patient was found.

Of the twenty cases sixteen were more or less chronic. Chronic cases exemplify medicinal action better than acute for several reasons. In the first place, there is less room for doubt that the change produced is really due to the remedy employed. In the second place, more time is given to wait for the exhaustion of the action of one medicine, before one is compelled to exhibit a second, and thus a better chance is afforded of obtaining a pure experiment.

It is not that remedies do not act as surely in acute diseases as in chronic, but that the difficulties connected with observing them are so much greater, and the results so much more open to question.

In many acute cases, nevertheless, the action of remedies is beyond doubt.

The first two cases I have to report are illustrations of the action of nitric acid, in stricture of the rectum. The first was treated throughout at the Ipswich Homœopathic Dispensary. The second was treated at home. At the dispensary medicines are given in the form of pilules for the sake of convenience; the patients visited at their homes receive either tinctures or triturations. In dispensing tinctures it is my habit to mix eight to ten drops in a tumbler three parts full of water, ordering from one to two dessert-spoonfuls for a dose.

In the first case other remedies were used, with some benefit, before the exact state of matters was ascertained and the acid exhibited. The second case was treated with nitric acid from the beginning, and, with the exception of a short period, with it alone throughout.

The affinity of nitric acid for the rectum is sufficiently attested in the provings. Among other symptoms may be noted the following, quoted from Allen :—

“Rectum seems inactive and unable to evacuate fœces.”

“Smarting, more in the rectum than the anus, immediately after a stool, and lasting two hours.”

“Sticking in the rectum, and spasmodic constriction in the anus during a stool, lasting many hours.”

“Painful constipation for several days.”

“Passed, for the first time, a small dark evacuation.”

#### CASE I.

Constipation, ulceration of the rectum, commencing stricture. *Acid nitric* 4.

March 8, 1879.—Mary B., 32, single, needlewoman; medium size, fairish, naturally florid complexion, but now pale; she is thin, delicate looking, and very nervous.

*Family History.*—Poor, parents both living but delicate, and the family generally is weak. Her home is a cottage in a country village.

*Previous health.*—Never strong; subject to attacks like the present for four years.

*Present illness.*—Two months ago she took cold, and since then she has been complaining of weakness at the chest, and queer sensations in the head. She has dull headache, drowsiness, and flatulence.

Tongue dirty at the back; bowels very much confined; motions not large; much pain and constriction at orifice. Catamenia regular, scanty, much pain at periods, slight leucorrhœa.

The symptoms were those of general debility, with disordered, circulation and nutrition, and the particular as well as the general symptoms, seemed to me to indicate the medicine I prescribed. *Natrum mur.* 6, pil. i. quater die.

March 15th. Better generally; bowels not quite so confined; flatulence better; head giddy, drowsiness the same. Has cold feeling like a lump of ice at the left side. Repeat.

March 22nd. Better generally; bowels more open; head better. Repeat.

March 29th. Bowels the same; heart “feels distended.” Dragging in the chest from the throat, sensation of lump there; has giddiness, is not so drowsy. *Ignat.* 1, pil. i. quater die.

The improvement continued for a short time and she returned on

April 30th. Is not so giddy; has palpitation bad; bowels much confined again—two motions a week; has discharge of mucus with motions. Feels generally weak. Tongue clean. Has no cough, but hawks up lumps of fleshy substance. Repeat *natrum mur.* 6.

May 10th. Bowels better; no discharge for two days. Appetite better, raises the same substance in the morning, there is a little blood with it, also from nose. Palpitation bad. Repeat.

May 24th. Bowels still confined.

I now questioned her more closely as to this symptom and elicited the following:—

She has not passed a full-sized motion since Christmas. The difficulty came on gradually after her cold. Has had it before occasionally with intervals of regularity. Quite a year since it first came on, cannot remember accurately. When she was a child, five years old, she had a tumour (fatty?) removed from buttock, and she has never been so well since. At about the age of twelve she had diarrhoea continuously for twelve months.

She has a sensation in the rectum as if there was something to come that would not come. After a motion there is a raw sensation or a twitching. She has pain in the rectum at other times, and in the supra-pubic region. Catamenia regular, scanty. Leucorrhœa at times.

Deeming an examination of the rectum necessary, and having no convenience for making it at the dispensary, I made an appointment for her to call the following week at my house, prescribing, in the meantime, *acid nitric* 4. pil. i. quater die.

The examination was prevented by the onset of the catamenia, but on

May 29th, this was the report:—

Bowels have acted much better—two motions a day. Repeat.

June 7th. Keeping much better; bowels moved once a day, sometimes twice. Repeat.

June 14th. Bowels not so open, went from Tuesday to Friday; much white discharge with motions, which, however, are larger—large as two fingers, not nearly so painful. She has more of the dizzy feeling, pain in left side, and sensation in the throat. Catamenia on, only fourteen days interval, now nearly over. Repeat.

July 5th. In my absence she received, for some reasons not registered, *ignat.* 1. pil. i. q.d.

July 16th. Bowels confined at times. Has a kind of liver-like matter with the motions. Before this appeared she had much pain in the sacrum, which left her when the discharge disappeared. Also a bad taste, which she had, has disappeared since this came on. Appetite better. She has slight pain and a raw feeling after motions. *Acid nitric.* 4, pil. i. q. d.

October 18th. She returned, looking very well and much stronger than she used to do, having been well, in all respects, until she took cold a fortnight before. The bowels are now confined, the motions are normal in size, and have been all the time; there is pain with them. She has oppression at the chest. Repeat *ac. nit.*

This concluded the case. It was tedious, no doubt, and the weakness and tendency to suffer in the rectum were not wholly removed, though the diseased action was kept in check, and the patient enabled to pursue her livelihood with a measure of health and comfort she had not known before coming under treatment. But the value of the observations in this case are greatly enhanced by comparison with the next to be related.

## CASE II.

Organic stricture of the rectum; accumulation of large quantities of pus, and discharge by anus, and vagina through recto-vaginal fistula. Removal of all unpleasant symptoms, and restoration of general health, by *nitric acid* 1.

September 25, 1879. Mrs. F., 49. Short, sanguine, blue eyes, active.

*Family history* very good. Mother died aged 103. Father still lives, aged 95.

*Social history.* Was domestic servant before marriage. Husband was in detective force, very steady, always in easy circumstances.

*Previous health.* At about 11 years of age was greatly troubled by lumbrici. She was cured of them. With that exception she has had no illness except the present one. Catamenia came on at 11, and left without trouble at 39. Always regular. Never pregnant. Never had headache, sickness, or biliousness. Married at 22.

At 23 she began to have a discharge from the rectum. At 29 she noticed that she could not retain stool. At that

time she had pains in the rectum and white discharge. The pain then felt to be high up in the rectum, but has gradually been getting lower.

Four years ago was confined to bed for 17 weeks with the same affection.

Eighteen months ago she had, on an occasion, to retain the stool for some time by an effort, and then the discharge came through the vagina. Since that time discharge has always come that way when the other has been stopped, and sometimes during the night.

She has been under medical treatment on many occasions during the continuance of her disease, but this is her first experience of homœopathy. She was at one time under Dr. Hilton Fagge, and received considerable benefit from his prescriptions, but after a time the benefit ceased, and she was obliged to discontinue the medicine from the unpleasant effects it produced.

A few days before consulting me she sought relief at the East Suffolk Hospital as an out-patient, but the case was very imperfectly gone into, and she received a purging mixture, the first dose of which made such work with her that she had not the least inclination to try a second.

*Present condition.* She complains of severe pains in the rectum, coming on in the afternoon and lasting into the night. She has three sharp pains in quick succession, followed by a copious white discharge, after which there is a feeling of relief. Her rest is much broken at night by her having to get out of bed every ten, or at most twenty, minutes to pass discharge.

She passes altogether about a pint of it in the twenty-four hours.

It does not come with the stool, but separately, and passes partly by rectum and partly by the vagina.

The bowels are regular, but the motions give great pain, they are never as thick as a finger; frequently she has to go many times before she can get anything to pass.

She cannot walk far, but she is of a very energetic nature, and does all the work of her house in spite of her trouble.

The discharge consists of dirty looking pus with streaks and flecks of blood.

The heart and lungs are healthy.

#### EXAMINATION.

*Per Vaginam.*—Uterus high up; cervix atrophied; lower part of posterior wall of vagina not tender; higher part

tender. There a firm mass can be felt, cylindrical in shape, and corresponding in position to the course of the rectum.

*Per Rectum.*—Anus slightly inflamed; tightly grasps finger, which gives a good deal of pain. Finger passes easily for the distance of an inch and a half, and is then arrested by a fibrous-feeling mass, in which a hole is discovered, admitting easily the finger tip. The finger passes onward about two inches when it reaches what is apparently the upper limit of the stricture, which is too narrow to admit of further passage. The constricted portion is very tender. The examination causes great pain. The walls feel to be of dense fibrous consistence.

In other respects her health is sound.

There being no other symptoms of prominence than these relating to the rectum, and as these (*i.e.* the subjection symptoms) corresponded closely with the symptoms produced by nitric acid, I prescribed: *Acid nit.* 1, gtt. vi. in a tumbler of water. Dessert spoonful to be taken every three hours.

September 27.—Has not been up in the night so often; feels stronger generally. Still has the pain very bad at times. Repeat.

September 29.—Has had better nights, but in the evenings much pain and excessive discharge, with soreness of body and anus. Repeat.

October 2.—Much better; not nearly so much pain nor discharge; slept well; has never had such nights' rests for years. She is quite sore in the morning, with *lying so long*. Repeat.

October 6th. Much better in all respects; pain not so violent nor so frequent; discharge very much less, scarcely any from vagina; feels much stronger; spirits much better. Repeat.

October 9th. Had a bad night on the 6th (it was washing day), and much pain; more discharge. Better last night. There is a soreness inside the abdomen—a fresh symptom with her. She is, however, much stronger in her general health. Repeat.

October 13th. Pain rather bad on the night of the 9th; walked a good deal on the 10th; since then she has been worse. Her general health is keeping better, and she has had fair nights. Bowels loose; motions mixed with matter, and painful; very little of it comes *per vaginam*.

*A quarter of an hour after each dose of the medicine, a sore, smarting pain comes on in the hypogastrium.*

Taking into account the probability of the latter being a physiological action of the medicine, and also the somewhat retrograde movement of the case, I thought it advisable to stop the remedy, for a time at least, and give *sulph.* 1 gtt. vi., in a tumbler of water as before.

I gave *sulphur* because of its power of affecting the rectum, and producing a bloody and purulent discharge; and also because of the power it has of influencing chronic cases for good.

October 16th. She says the last medicine has suited her better than any. The motions are more firm, and there is much less pain with them. Pain during the day very slight. During night much less discharge. Has slept better, as long as two hours right off. Yesterday morning felt very queer on getting up; soon after passed a great quantity of dark blood and matter; has hardly had any pain since. Is feeling much stronger. The "lump" inside feels less. *Sulph.* 3 gtt. vi. in the same way.

(I had none of No. 1 in my case or I should have repeated that.)

October 18th. Not quite so well. Night of 16th had much discharge and pain; last night better. She has diarrhoea; she has it worse when there is a high wind; the discharge is worse then. *Sulph.* 1.

October 21st. Bowels have been very loose again since the 19th; diarrhoea comes on after everything she takes; she had to leave off the medicine. On the night of the 19th two ounces of quite white matter passed which set like a jelly. Had a poor night last night.

Dry food suits her best; she cannot take eggs or mutton; she can take beef.

The motions are painful, but do not give the pain they used to do. The "lump" feels better. *Acid Nitric* 1.

October 28rd. Very much better in all respects; motions firmer; better nights than ever; medicine seems to make her warmer; no soreness follows the taking of the medicine this time, nor does she require to lie down after taking it as she did when taking *sulph.* Repeat.

October 27th. Keeping better in every way; has more "strength" in the bowels: she has not to be so careful with her diet; she can go longer without food than she

could, and it does not affect her as it used to do when she takes it. Repeat.

October 30th. Better in all respects; slept last night from 9 till 1; has walked a good distance without discomfort. Repeat.

November 3rd. Went forty-eight hours without a motion; never did so before for fifteen years; no pain; motions firm and a little larger; came away slowly, and she feels weak after. Very little discharge; none from vagina. On the 1st inst. *slept all night*, and nearly all last night. Repeat.

November 6th. Much better; motions *firmer* and *larger*. Can eat what she likes without inconvenience; can walk as much as she likes, and very little discharge; very little pain. The area of pain used to extend a finger's length up the rectum from the anus, now it is only an inch. Repeat.

November 13th. Has been out twice to-day in a freezing north-west gale without discomfort, and without being tired. Thinks the hard substance in the rectum feels thinner. Repeat.

November 17. Keeping stronger. Last day or two has had more constipated motions. This morning passed a large one which gave great pain; it is much larger than it used to be, larger than her finger. Before it comes there is aching in the hypogastrium and left iliac region. With the motion came a few drops of blood; very unusual. There has been a very slight discharge of fluid from the vagina, hot (unusual) and almost like water. She has none of the shooting pain now. Formerly she never dared take food before undertaking anything, as it (the food) was sure to bring on a motion. Repeat gtt. iii. to the tumbler.

November 20th. Keeping better. Motions still firm, but not so painful. The amount of discharge does not exceed an ounce and a half in two days. On the 18th she walked two miles, and felt no pain or ill effects. Repeat.

November 24. Can bear cold better than she has been able to do for years. Repeat.

November 26. Had a fit of ague last night; it lasted half-an-hour. It began in the left side, splenic region. She was no worse after it. She had a fit many years ago. Repeat.

December 4th. (Since last date I had been away from the town. In my absence she had received the same

medicine, only in slightly larger doses she said, as she could taste it). The last few days has had very acute pain and much more discharge; no blood; slight discharge from the vagina.

She is always worse in cold weather, and now she cannot get fresh air and exercise. The pain is chiefly at the orifice, and is of a pinching character. Bowels regular; motions firmer; no discharge with the motions. She is troubled at night sometimes. General health still good; appetite good. She has had neuralgia, but the application of cold removes it at once; hot things aggravated it. Repeat gtt. vi. to the tumbler.

December 8th. Good deal better. Pain much less; discharge much less; slept well; bowels regular; motions more solid, larger, give pain. Repeat gtt. v.

December 11. Keeping better. Has a sensation as if there was a hard lump just inside the anus, and the lump is painful. Motions better; general health better; no discharge. Repeat gtt. iii.

December 14th. Better in all respects. I now made a second *examination* of the rectum, and made the following report:—The stricture is not nearly so tight, nor the walls so hard. The examination gives pain, but nothing like so much as the former. Repeat gtt. v.

December 18th. Has suffered much since the examination. There has been much discharge—two pints in four days; some of it has come per vaginam. The motions are firm, and give pain. She has slept very well. Repeat gtt. iii.

December 21st. Better generally. Has felt a sensation at the anus, as if a sharp substance like a bone were inside and pushing its way out. Repeat gtt. iv.

December 27th. Much better generally. Went without medicine for a few days; but did not sleep so well. Repeat.

December 31st. Keeping much better, motions much larger; very little pain. Repeat.

January 3rd. Took three doses of the last medicine; after the first, felt an aching in the stomach, after the third felt a forcing down in the lower bowel. There was slight purging as well at one time, and not the old pain. No increase of discharge. She could not sleep all night for the forcing pain. When she left off the medicine she was

free from it. After two days she took another dose, and the same thing occurred, and she dared not take any more.

In other respects she is better. The motions are large and give less pain. She has been out, and she feels the better for it. She sleeps well, and is on the whole better than she has been for years.

A similar thing occurred in regard to medicine when she was under Dr. Fagge. He gave her medicine which helped her for a few weeks, but then the same thing occurred which has happened now, and she had to discontinue it. To go without medicine of any kind.

January 12th. Not nearly so well. Has great pain, and feeling of weight in lower abdomen and supra-pubic region. A few days ago, whilst hanging up clothes in the garden, felt as if something gave way in the inside, and a great quantity of discharge came away—about two pints, she says, of “corruption,” lumps of “flesh,” and strings. Very little came per vaginam.

Sleep is not so good. The bowels are looser. She is weaker generally. She has not been able to walk.

This I consider to be the bursting of an abscess or at any rate an encysted collection of pus and blood, probably in the dilated portion of the bowel above the stricture. I thought it advisable to continue the remedy. *Acid. nit.* 1 gtt. iii.

January 15th. On the 11th she took a chill. Since then severe influenza has come on. She is quite prostrated with it, and feels weak, as if recovering from a severe illness. She is very pale; has aching in all her bones; watery, excoriating discharge from nose.

In other respects she is much better—no more discharge, only one sharp pain, and that very slight; on the 12th no feeling of soreness in the lower abdomen.

For 26 years she has not been so free from discharge. It began soon after her marriage. For 22 years she has been under doctors. When she first sought medical aid her bowels were in such a weak state, that the mere raising of her arm above her head would bring on diarrhoea.

Considering that the influenza was the more pressing disorder, I prescribed *arsen.* 2, every two hours, and *acid. nit.* 1. One dose at bed time.

January 19th. The cold is better. She is better generally. Sometimes she has a slight smarting in the lower abdomen, and a feeling as if something had gone.

Since she has been taking *arsen.* she has lost a sense of fulness which has troubled her ever since she had a very heavy nursing case twelve months ago. *Acid. nit.*

January 26th.—Very much better in every way. The cold is well. Body stronger. No pain. Repeat.

January 27th.—Keeping much better. Only took one dose of the medicine. Slept well without it. Has not slept so well for years. After the medicine—which usually quiets the bowels—the bowels were disquieted, and there was slight pain in the rectum. To go without medicine.

February 3rd.—Is very well indeed. Better than she has been for many years. Sleeps well. Has no difficulty with the bowels. Has taken no medicine. She thinks she is as well as she ever will be. She has taken long walks without feeling pain, only feels tired.

Since this date I have not seen the patient. From this I infer that there has been no retrogression, as she promised to let me know if she went back in any way.

The time of treatment was a little over four months, and although there were some marked breaks in the line of progress, the patient never fell back into the state she was in before commencing the treatment. The whole of the beneficial effect may I think be fairly ascribed to the nitric acid. I made no alteration in her diet. She was a total abstainer from alcohol, and had by long experience learned what diet suited her best.

Practically, the patient was restored to health and comfort such as she had not enjoyed for many years.

### CASE III.

#### *Strangury.—Cantharis 3.*

The third case I have to refer to is an illustration of the action of *cantharis* on the urinary system. Of its power of diminishing the secretion of urine and of producing strangury there is no need to speak. The symptoms narrated below correspond accurately to those produced in the provings of the drug.

April 16th, 1879. Miss E. H., dressmaker, 21, dark, grey eyes, small. Has been ill five weeks. Has had pain in left iliac region for three years.

Five weeks ago was taken ill with pains all over, vomiting, difficult micturition, could only pass a few drops at a time; it was like blood. Never had urinary difficulty before.

Has still very great pain in passing water. It comes on with aching in the side and back (lumbar region), and burning and scalding in the urethra. The urine is yellow and thick. Sometimes she can pass water without pain. Micturition is frequent. She only passes a little at a time.

Tongue dirty at the back; bowels confined as a rule (they are open at present, which she thinks is due to *pulsatilla*, which she has been taking on her own account). Catamenia regular, scanty; she has much pain in the left side and back at the periods. There is no tenderness.

This being a dispensary case there was no convenience for testing the urine. I prescribed *canth.* 3 pil. 1, 3tiâ h.

April 19th. Micturition not so frequent; passes more at a time, but there is more pain; urine quite clear now.

Appetite is very bad. Pain in the side and back is very bad; better when she walks, worse when she lies down.

She is faint at times; never was so before.

Tongue dirty; bowels irregular; sleep restless.

Taking into account that she was better in some important points and not so well in others, I decided not to change the medicines, but to alter the frequency of the dose. Repeat pil. 1, night and morning.

April 23rd. Very much better. No pain on micturition, and no difficulty. Sleeps much better.

She stills feels faint, and has much pain in side and back, with a sensation of burning heat up the dorsal region. Pain in the back comes on with sickness, and when she is sick she gets relief.

Tongue dirty at the back; bowels regular; appetite back. Since the urinary difficulty was quite removed, I now paid more attention to the general state, and prescribed *nux vomica* 1, pil. 1; 3 h.

She did not again present herself, although the time allowed by the ticket had not expired. From that I infer that the improvement was permanent.

#### CASE IV.

Irritability of the base of the bladder.—*Ferrum Muriat.* 3x.

The following case contrasts well with the foregoing, showing the difference between the action of *cantharis* and that of *ferrum* on the urinary organs, and at the same time illustrating the value of symptomatic indications. In Case III. the symptoms pointed to irritation of the whole urinary tract, from the kidneys to the urethra, and all

speedily disappeared under the action of *cantharis*. Here there was no difference noticed in time or position. In the case to be narrated, however, the frequency of micturition was only complained of *during the day*, showing that that part of the surface of the bladder which the urine fills during the recumbent posture was not in a state of irritation, but only that part in which it collects when the patient is sitting or standing up. Diurnal enuresis is a characteristic symptom of the *ferrum* provers, and its appropriateness was demonstrated in this case. The urethra was also slightly affected, and this trouble did not yield till the more widely acting *cantharis* was resorted to.

March 19, 1879.—Jessie V., 15, dark, ruddy, well nourished.

She complains of difficulty of micturition; she had an attack of it four years ago, and was an in-patient at the East Suffolk Hospital in consequence. She had another attack the year after, and was again in the hospital, and was at that time catheterised.

She is not as bad at present as she was on the former occasions, but her mother wished it to be taken in time. The first thing she noticed amiss was a little pain in micturating, cutting in the urethra, and pain the abdomen. She now micturates frequently, and only passes small quantities at a time. During the day she has to go every half hour; *not at all in the night*. She has no pain when she walks.

Tongue clean; bowels regular; appetite good; sleep good. *Ferr. mur.* 3x. pil. 1. 3h.

March 26.—Scarcely any pain. Does not micturate so often, only four or five times in the day. Repeat.

April 2.—Much better generally, but had slight pain this morning. Repeat.

April 9.—No difficulty in retaining urine now. There is slight smarting in the urethra whilst it is passing. *Canth.* 3. pil. 1, 3h.

April 16.—There is no smarting in the urethra, and no difficulty of any kind. She is quite well.

#### CASE V.

Anæmia, Amenorrhœa, Dyspepsia, and Hepatic Congestion from exposure to cold.—*Ferr. metal* 6; *nux. vom.* 1. *Ferr. mur.* 3x.

The principal interest of this case rests on the action of *ferrum* in another sphere—that of nutrition and sanguification. The power of iron to produce anæmia is almost as widely known as its power of curing it. The dyspeptic symptoms in the case were greatly improved by *nux*, but the constipation was not changed until the constitutionally indicated remedy was given.

February 27, 1879.—Sarah G., 20, servant, medium size, dark hair and eyes, fine skin, cheeks high coloured, the rest of face waxy pale.

*Family History*.—Mother living and well. Father died at 30 of consumption, after five years of suffering. He was not very steady. Rest of family healthy.

*Social History*.—Has had rather a heavy place lately.

*Former Health*.—Very good till fifteen years of age, when she had “congestion of the liver.” She was jaundiced. Has had no other severe illnesses. At seventeen catamenia came on, never regular, often several months’ interval, always scanty, always has pains at the time in right hypochondrium and across abdomen. Has been subject to attacks like the present, sometimes having yellowness of the skin with them.

*Present Illness*.—A fortnight ago she drove seven miles into the country to a situation. Felt the cold strike her in the right side. After that she had a drawing pain in the right side of the chest and right hypochondrium, only relieved by bending herself forward. The pain continued, and she was obliged to return home. The return through the cold seemed to make it worse, and rest and care at home for a week has not improved it. The pain comes on in the morning when she awakes, and continues during the day, with no definite relation to food. She has much flatus, which she cannot pass upwards, and which compels her to loosen her clothes. She is not yellow now. She has no sickness. At one time she used to vomit in such attacks. She has no headache, though she has been subject to them. There is no cough. Pulse 84, feeble, regular. Tongue clean. Bowels very much confined. Appetite fair.

*Examination*.—*Pulmonary* sounds clear. *Heart* sounds clear but feeble; there is a loud bruit heard in the neck. *Liver* dulness extends from fifth rib  $4\frac{1}{2}$  inches downwards. There is a great tenderness in this region, also in epigas-

trium and abdomen generally. The sternum is very prominent. She is almost pigeon-breasted.

She is drowsy all day.

I considered it to be a case of gastric catarrh from cold with hepatic congestion and I ordered her to have nourishment, light and warm, every three hours, and prescribed *Tc. nux vom. i.*, 3 h.

March 1.—The pain has not been so severe except once when it woke her in the night; bowels not so confined. Repeat.

March 3.—Better generally; has had much less pain. Appetite good; bowels still confined. No catamenia for five weeks. As the acute dyspeptic symptoms were removed I now paid more attention to the general state, and prescribed, *Tc. ferr. metal. 5*, 3 h.

March 5.—Has had very little pain. Felt languid yesterday: was very yellow. Bowels more open; motions quite easy. Sleeps well; is not drowsy during the day. Repeat.

March 8.—No pain. Bowels regular. no difficulty with them. Appetite good; sleep good; feels stronger; no catamenia. Repeat.

March 11.—Still improving, but the bowels are confined again. Repeat.

March 13.—Better, bowels quite loose. Repeat.

March 15.—Gaining strength. Repeat.

March 22.—Catamenia came on on the 19th, lasted till 21st; same quantity and same time as usual; two months' interval. Repeat.

March 25.—Keeping better. For the last week has had acid risings after each meal. Is subject to them at times. Bruit in vessels of neck the same. *Puls. 1*.

March 28.—Much better. Very little of the rising since. Repeat.

April 2.—She came to the dispensary to see me, complaining of headache over the right eye—an unusual thing with her—for three days, and more of the acid risings. I gave her the only preparation of *ferrum* I had at hand. *Ferrum mur. 8 x.*, pil. 1., 3 h.

April 9.—Headache, sickness, acid risings all disappeared. She looks well and says she feels strong; bowels much confined; motions large. Repeat.

April 16.—No headache; bowels well. Much stronger and better generally. Repeat.

April 23.—Much better generally. Catamenia have come on, only one month's interval; same quantity as usual. Repeat.

April 30.—Keeping much better. Repeat.

That was the last time I saw her. Her health was quite restored, and soon after she went to a new situation, and I hear from her mother that she has remained quite well. She had quite lost her waxy pallor, and no one would suspect that she had suffered from anæmia. The largest share of the credit is, I think, fairly attributed to the *ferrum*, the exhibition of which, whether in the higher or lower attenuation, was followed by marked alteration in the case for the better. In the provings of *ferrum* constipation was complained of by many of the provers, and in this case *ferrum* was more accurately homœopathic than *nux*, which only gave temporary relief.

## NOTES ON NORMANDY.

By Dr. MORRISON.

WHEN "Autumn comes with ripening grain," or somewhat earlier, the active brain-worker should endeavour to secure a mental rest. Physical, also? No; for that would generally mean an unquiet mind. Therefore let your holiday arrangements include a change of scene for the mind, and moderate exertion for the body.

Keeping this object in view, my excursion of last summer comprised a trip to Normandy, with a return by way of the Channel Islands. An easy railway journey to Southampton, followed by a day passage of seven hours, will land us at the picturesque town of

CHERBOURG.—Our fellow-passengers were surprisingly few and it is evident this route is not yet duly appreciated. "That horrid Channel," some reader remarks. Not at all. This is one of our best crossings, with very fair steamers, and proper precautions may do much towards mitigating the ever-dreaded sea-sickness. Victims of this malady should take a substantial meal some two hours or so before embarking, should lie nearly flat (on deck, in suitable weather), should avoid all stimulants, especially "nips of brandy," and should be provided with a medi-

nal antidote. Never depend upon ships' surgeons; they usually know just about as much of the qualities of preventive medicines as the Hottentots do of the flavour of champagne. Remember, also, that for short trips it is advisable to fast, as far as eating is concerned. On longer voyages, if the severe sufferer will only force down a small substantial meal (including chicken, or even beef-steak) as soon as exhaustion from empty retching commences, the sea-sickness will seldom recur. So much for gossip. Meanwhile we have been nearing our present destination, and our drooping spirits steadily revive. Of the immense breakwater (4,450 yards long), the forts, the harbour, and the arsenal of Cherbourg, much has been written. Certainly its fortifications look very imposing, but they would not stand much chance of long resisting the effects of modern ordnance. I was not prepared, however, for such a favourable impression as that produced on approaching the town by sea. Standing on a bold prominence, which dominates the town, and forms an excellent background, is the Fort du Roule. Seven forts defend the harbour; six lighthouses show forth their warning beacons, and nine basins afford accommodation to vessels of moderate size. Cherbourg was known as a town and port in the time of the Romans, under the name of Cæsarisburg. It was seized by the English in 1418; recaptured by the French in 1450, and again attacked by the English in 1758, suffering much damage. The town now contains some 42,000 inhabitants.

Should the tide be low, passengers will have to land at the granite steps. Be prepared to name your hotel, or destination, as this will prevent your being beset by touters. Be civil to the Custom-house officers, and you will receive, as I have always experienced in France, courtesy and civility. There is but one first-class hotel, in a first-class position, and that is the Hotel des Bains de Mer. Two or three less expensive might be mentioned, but they are not nearly so well-placed. Unfortunately for our pockets a provincial exhibition was taking place, the existence of which formed a pretext for the doubling of hotel prices. While inspecting this exhibition, which was very interesting, I was amused at hearing a *sotto voce* exclamation of "toujours les Anglais," uttered in a tone that betokened the speaker's irritation. It reminded me of an incident at Seville. While ascending the Giralda, I overtook two

Englishmen, just in time to hear the one say, "Hang it, there's that confounded Scotchman again; one cannot go anywhere without meeting with a Scotchman;" and surely enough, perched on the top of the tower, we found "that confounded Scotchman," whose accent had betrayed him.

The Hotel des Bains de Mer faces the outer harbour, and is clear of the town. This latter is an advantage, for the writer who spoke of a place

"Where every prospect pleases,  
And only man is vile,"

Evidently underrated the odours of an inner harbour, even of a coral island, at ebb tide. In front of the Hotel des Bains are excellent sands, with every requisite for sea bathing. Attached to it is the Casino. This hotel has clean and comfortable rooms, with good attendance, but living is expensive. The town has a museum, library, baths, theatre, college, etc., with the usual supply of shops and cafés. In the centre of the Place de l'Hôtel-de-Ville, is an equestrian statue of Napoleon I, mounted on a granite pedestal, the granite having been drawn from a local quarry. A place to be specially visited, is the arsenal.

Numerous excursions are mentioned in the guide books, but our outside wanderings extended only to the Chateau of Nacqueville, a pleasant morning's drive there and back. The Chateau itself, like most of its kind, would form but a third-rate English mansion; but the grounds are well worth visiting, and from various points therein may be obtained charming glimpses of scenery.

With this imperfect sketch we bid farewell to Cherbourg, and wend our way to

BAYEUX, some two and-a-half to four hours by rail, according to the train selected. This sleepy old town has one of the finest cathedrals to be found in France, first built by Bishop Odo, half brother to William the Conqueror. Like most ancient monuments, this building is closely surrounded by houses; but these do not prevent its three spires from being seen for many miles. One is tempted to linger over the description of this imposing edifice. It was built in the form of a Latin cross. There are said to be 2,976 capitals, each differently sculptured. Two Roman towers of lofty elevation, dating from the 12th century, give an imposing aspect to the front entrance. This entrance was richly ornate, but has been much muti-

lated. At the time of my visit, something was being done in the way of general repairs. Entering by the southern portal, down a few steps, we note its ornamentation. Interiorly, the building impresses one by its vast, though excellent proportions; and the thought arises, what has become of the population, supposing this cathedral ever to have been absolutely required? Instead of ascending the third or octagonal tower, I entered through an open doorway leading to the organ gallery (where the organist was then practising), and wended my way up a dark and somewhat dilapidated staircase, nearly to the top. Peeping through its window-openings, I obtained extensive views of the country round; and far beneath me, and at what appeared a considerable distance, I saw a group of visitors on the outer platform of the central tower. The sense of loneliness became oppressive; and lest the organist should forsake his post, and close the communicating door, I hastily descended. Interiorly there is much that is interesting, the crypt especially, but unlike Mrs. Macquoid, the authoress of "Through Normandy," we were unfortunate enough to meet with the *real* Sacristan, and not his substitute, and we found him very unwilling to take any extra trouble in imparting information.

The object of special interest to most visitors to Bayeux, is its tapestry, which may be found about five minutes walk from the cathedral. The interest awakened by its historical record is equalled by its quaintness. Rude, and in fact ridiculous, in outline as are the figures, their import is usually obvious. Those of William and Harold are readily discernible, though in the 21st section they appear to be first cousins to some members of the finny tribe, judging by their scales. This tapestry has been ascribed, with but slight show of reason, to Matilda, wife of William the Conqueror. With greater probability it has been supposed to date from the 11th or 12th century.

Returning to the railway station, we may find omnibuses for two seaside bathing places. We enter that for

ARROMANCHES-LES-BAINS, which is eight miles from Bayeux. If fine, secure an outside seat; not that the country is of exceptional interest; it is generally rather flat, but well cultivated. What will be sure to strike an English visitor, is the smallness of the patches under cultivation. The only field of decent size which I saw was tilled in patches or rather strips, first wheat, then sarrasin

(a poor substitute for grain), then rye, then potatoes, then barley, and so on. But, after all, there is a home-like appearance, which is pleasant. Orchards abound, and the patches (one can hardly term them fields) are surrounded by real, genuine hedges (though untrimmed), such as are scarcely ever seen in the South of France. Moreover, the people look sturdy and Briton-like, as if they were brought up on something better than vegetable water, coffee, and tobacco. It is considered here, in the district of Calvados, the "correct thing" to keep a look out for the enormous cap of the Ancient Norman. In shape it may be compared to a reversed kitchen coal scuttle, backed up by a compressed pumpkin; in whiteness, to the untarnished snow; and with lappets of elaborate size. These head-gears have almost disappeared; I only saw one in wear, and that was not here, but while returning to Cherbourg from the Chateau of Nacqueville.

We come within sight of Arromanches, and observe a pleasing village, chiefly modern, nestling in a gently inclining valley. Its chief inn is the former Auberge Chrétien, now the Hotel du Chemin de Fer. Probably the latter name has been taken because the omnibuses for Bayeux Station start from this establishment. If a single recommendation can make the reputation of an establishment, that of Mrs. Macquoid has certainly done so for this, and prices have somewhat advanced since her visit. Mme. Chrétien was much amused at my asking for "des œufs sur la plât," as she said all the English did the same. These fried eggs are certainly very nice, but I prefer our ordinary eggs and bacon. The general living at this house was not so good as I expected to find, and the wines were of inferior quality; but these small drawbacks need not deter the tourist, for Arromanches is decidedly worth seeing. Fronting the beach is a sea-wall from ten to twenty feet in height with an inclined plane down the centre, and stairs at several points. Sometimes the waves dash against this wall with considerable force, throwing the spray above the spectators. What strikes English people is the free-and-easy way in which bathing arrangements are conducted; bathers don their costume, throw a cloak over, put on bathing shoes, and walk down from any distance; I have seen a gentleman thus attired come through the main streets, quite a quarter of a mile. The chief dressing boxes are right back from the beach; we used

those attached to our hotel, walking across the small promenade, and down the steps. Mrs. Macquoid bestows extravagant praise on these sands; they are, as a whole very good, but one may happen to come into collision with a young rock, about the size of a full-grown tombstone, unless care be taken. Tents of various hues are largely used, but not by bathers. As the tide recedes these are placed upon the sands, and taken possession of by ladies and children; while the former sit and work, the latter play and wade. These, with the bathers in the foreground and the promenaders above the wall, give the little town quite an animated appearance. Improperities? Never; not like at English bathing places, where people sit on the shore or cliffs, and scan the bathers with opera glasses. And this family system gives ladies and children more confidence, so that they derive the greater benefit, as well as the greater enjoyment.

Amusements, none. This is essentially a place for family recreation. There is a small fishing population, forming a distinct class. There are the two other classes, those who are the residents of the hotels and villas, and the visitors; and there are just enough shops to supply all necessities.

Starting one day after our late breakfast, we determined to pay a visit to Mademoiselle de Fontanaille. A roaming walk along the edge of cliffs to within a comparatively short distance of Port-en-Bessin, a small bathing place and port on the Cherbourg side of Arromanches, brought into view a gigantic column, perched on a narrow pedestal. This was our Mademoiselle, standing out prominently in front of the cliff, and with the base washed by each rising tide. The origin is obvious; portions of the lofty cliffs have separated and fallen into the sea, but this rock-based segment, crowned with scanty herbage, has maintained its position, and has become of interest to object hunters. In the distance is Cape La Hogue, and near by is a patch, or rather a couple of patches, of nature's handiwork which are termed, locally, the Swiss scenery. Many hundred yards of cliff appear to have fallen simultaneously, forming eminences and valleys. These segments have resisted the further action of the waves, miniature lakes have formed, shrubs and trees have grown, pathways have been worn, and now there exists a miniature specimen of a mountainous country. This tract of land interested me a great deal

more than did the portly Mademoiselle, and, independently of the pleasures of an agreeable ramble, well repaid us for our eight mile walk.

Here, at Arromanches, I witnessed two splendid sunsets, such as are supposed to belong to tropical regions. The one showed fully half the visible sky of a warm, bright red; the other, equally effective, of varying tints. During our short stay, temperature was warm, with a clear, dry atmosphere; not sufficiently hot to enervate, but suitable to those requiring warmth and dryness of climate, in order to recruit the physical frame.

St. Saviour's Road,  
Brixton Rise,  
August, 1880.

(To be continued.)

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## ON THE PREPARATION AND DISPENSING OF HOMŒOPATHIC MEDICINES.\*

BY JOHN W. HAYWARD, M.D.

MR. PRESIDENT AND GENTLEMEN,—In a system of medicine like homœopathy, which believes in medicine and trusts to medicine to cure patients, you will agree with me that it is of the utmost importance that the medicines which we have to use shall be absolutely what they are supposed to be.

In treating a case of croup suppose the *aco.* or *spon.* we ordered were not *aco.* or *spon.* what would become of the patient? And in a case of acute pneumonia, suppose the *bry.* or *phos.* we ordered were not *bry.* or *phos.*; or in a case of cholera, suppose the *cup.* or *ver.* we ordered were not *cup.* or *ver.*, what would be the result? or suppose the bottles in which the tinctures were made, or the mortars in which the triturations were made, had not been cleaned, or had contained some other drug, what reliance ought to be placed in the medicines prepared in them? Or suppose that by any other careless preparing or dispensing *bel.* and *opi.* became mixed together and dispensed as *bel.*, or *mer.* and *sul.* and dispensed as *sul.*, what good would be done to the patient? and what would become of

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\* This paper was presented to the Homœopathic Congress at Leeds, but not read for want of time.

the credit of homœopathy? nay, indeed, what would soon become of homœopathy itself? And these are not merely imaginary suppositions; for in a preparation obtained for the purpose of testing under the microscope Prof. Wesselhoeft found the preparation sold as *aur. 3x* contained no gold at all! of what use, therefore, would be the 6th, 12th, or 30th, prepared from this 3x? And a patient for whom I selected *grp.* with care, and ordered the 6th dil., not recovering I made inquiries, and found the prescription had been dispensed at an allopathic druggist's; and on calling on him about it he assured me he had prepared the dilution himself. An allopathic druggist in my own neighbourhood has quite a good trade in so-called homœopathic medicines, but he has confessed to me that many of his pilules were simply sugar of milk.

Absolute cleanliness, scrupulous care, and downright conscientiousness are all required to be incessantly exercised in the preparation and dispensing of homœopathic medicines, necessitating, indeed, the personal superintendence of a properly qualified and conscientious homœopathic druggist, who himself thoroughly believes in homœopathy.

In the preparation and dispensing of homœopathic medicines, there ought to be no scepticism about the power of homœopathic medicines. Here there can be no compromise or partnership between the homœopathic and allopathic druggist or druggists' ideas. Here there must be nothing slipshod, makeshift, uncertain, or substitutive; all must be certain, safe, genuine and positive. Almost all the work ought to be done by adults, and such as have a due sense of their responsibilities, and of the vital importance of their work, there ought to be as few children employed as possible: in fact, the preparation and dispensing of homœopathic medicines ought not to be matters of ordinary trade at all. They are matters of too vital importance to the public weal to be made matters of mere trade speculation or business profit; they are professional matters, and ought to be performed as a part of the honourable and sacred profession of medicine.

I am led to bring this matter before the members of Congress by a personal knowledge of both carelessness and dishonesty in both the preparation and dispensing of our medicines, and of serious consequences having arisen therefrom; and because I think that not only should we

be extremely particular individually, but that some authoritative expression of opinion should go forth on the subject from Congress, hinting to the general body of our practitioners, and warning the patient world and the public generally not to trust to medicines, in the preparation of which there may possibly have been any carelessness, arising from a want of the true professional responsibility, or from mere trade notions.

I will conclude by an abstract from a paper on the subject read before the British Homœopathic Pharmaceutical Society, 1879 :—

The threatened revolution in retail trade, caused by the present fashionable co-operative system—a system valuable when applied to proper objects, and if carried on within legitimate limits—seems in danger of encroaching upon ground wholly beyond its province, through the dazzling glitter of the *argumentum ad pocketum* £ s. d. ; an apparent *saving in buying* being too much regarded as the one essential, *quality* not being sufficiently considered.

To buy in the cheapest market and sell in the dearest is one of the first principles of political economy, whether in wholesale or retail transactions, and in regard to commodities of known standard value and quality, is thoroughly right and practicable. But when used in relation to such articles as drugs, whether allopathic or homœopathic, where even a technical knowledge of the subject (which few possess) hardly enables the purchaser to recognise the value and quality of the goods sold, such a maxim is not only totally impracticable, but decidedly dangerous, and it is here that “ Co-operative ” or “ Household Stores ” are a more serious source of mischief than might be at first thought supposed.

Liverpool.

### ON EUPHRASIA IN LEUCOMA.

BY ARTHUR S. KENNEDY, L.R.C.P. ED., &c.

THE following case seems to me of interest, on account of the very satisfactory manner in which the drug corresponded to but slight indications from the provings, and the short time in which a serious opacity cleared up under a suitable homœopathic remedy, after having withstood the efforts of old physic for a long time at one of the special hospitals.

Mr. D., æt. about 45, had for some months been suffering from an opacity of the left eyeball, the result of an attack of inflammation brought on by cold. He complains that it

interferes with his sight on looking at objects below the level of the eyes, and is very much afraid of losing his sight, his employment being that of a chief clerk in the civil service.

On examination, I found that there was a decided opacity on the lower part of the cornea, encroaching slightly on the lower border of the pupil and of an ill-defined shape; considerable photophobia, slight conjunctivitis, and lachrymation on exposure to cold air.

I found that he had for some time been attending at Moorfields Hospital, where the treatment was confined to dropping some irritant solution into the eye, the pain of which was, as he described it, "simply infernal," and the beneficial result *nil*. The only consequence of this treatment was the conjunctivitis and photophobia which I found.

The first measure which I adopted was to exclude light and cold air by a pad and bandage. This gave immediate relief to the inflammatory symptoms, and was much assisted by bathing the eye with tepid milk and water.

The first prescription which I gave was *tinc. calc. carb.* 12 gtt. ii. ter in die. This medicine was to be taken for ten days, and the eye kept as much as possible from light and cold air. At the end of this period I again examined him, and found the conjunctivitis better, probably owing to the local measures, but the opacity just the same, if anything rather larger. This time I ordered *tinc. euphrasia* 1x gtt. ii. ter in die.

During this period he had of course been absent from all office work, and had been living very much in the open air. About a week after commencing the *euphrasia* I examined the eye again, and was pleased to find noticeable improvement. The area of the opacity seemed smaller, and less dense, than on the former occasion. As he was going away from home I ordered him to continue the medicine for two or three weeks longer. After this I heard nothing more of the case for two months. Meeting his wife lately I enquired how his eye was, and was pleased to hear that it was quite well and as strong as the other. Seeing the patient himself some days after, he told me that after taking the *euphrasia* for a fortnight the opacity steadily decreased and vanished, much to his satisfaction, and he then discontinued the medicine. On examination I could detect no traces of the leucoma.

The provings of *euphrasia* point more to an active superficial inflammation than to the removal of inflammatory products, but I found in Allen and Norton, pp. 63, that "opacities of the cornea, resulting from repeated attacks of inflammation, are reported cured by several observers." Dr. Hughes says that "it is very efficacious to remove specks on the cornea." So from these authorities and the general history of the case I decided to try the drug; did so with very satisfactory results.

Blackheath, S.E.,  
December 1st, 1880.

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## REVIEWS.

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*Drug Attenuation: Its objects, modes, means, and limits in Homœopathic Pharmacy and Posology.* By the Bureau of Materia Medica, Pharmacy and Provings in the American Institute of Homœopathy, 1879—1880. J. P. Dake, M.D., Chairman. Philadelphia: Sherman & Co. 1880.

"This volume, as the title indicates, is made up of papers presented by members of the Bureau of Materia Medica, Pharmacy and Provings at the meetings of the Institute held at Lake George and Milwaukee. Taken together, they form a treatise on the subject of homœopathic pharmacy, especially upon drug attenuation, such as the profession has never had before, and such as cannot fail to be of interest to every student of the homœopathic method."

So commences the preface to this work, and after carefully reading the papers of which it is composed, we can thoroughly endorse the opinion here expressed. The important question of dose is considered in all its aspects, and, as far as may be, impartially. There are also some very interesting papers on points of pharmacy, but it is to those on the dose question that we would specially direct the attention of our readers. In the first place we have the history of drug attenuation during the life of Hahnemann, showing the various steps by which he advanced from the ordinary doses of drugs to such as are fractional, thence to infinitesimal doses, culminating in the thirtieth dilution. Next comes the history of the subject since the death of Hahnemann, giving a description of the various and varying processes which have been from time to time adopted, and as a means of comparison, Hahnemann's own directions for the attenuation of drugs. "The Bottle Washing Method," consisting, apparently, of using one vial for all dilutions. "The Contagion Potencies," which were, or must

we say are, made by placing one medicated globule in a vial containing a large number of unmedicated ones, and by succussion impregnating the mass; truly a little leaven leaveneth the whole lump! "The Succussion Potencies," known as "Jenichen's," in which a vial was used, without emptying, and a new dilution counted for every ten shakes. "The Fluxion Potencies," the newest and most imposing development, which has reached its present high state of perfection mainly from the exertions of Dr. Swan, of New York, and Dr. Skinner, of Liverpool, each of whom, acting on much the same principle, claims to produce the fifteen millionth dilution, and still looks forward to higher things—indeed, the latter asserts "that when a glass vessel has once been thoroughly impregnated with a drug, Niagara pouring its torrent into it for twenty thousand years would not wash it out." Yet that which this great force fails to effect, exposure to flame for a few seconds accomplishes perfectly. The spirits of drugs must surely be evil since they dread heat so sorely.

The proof of the presence of drug material in the attenuations is then examined. First from the standpoint of the "Scientist," and the results of examinations by the microscope, chemical analysis, and the spectroscope are given—these do not contain much that is new, but are good as far as they go. The microscopical examinations tend to throw doubt on the reality of the subdivision produced by the triturating process, or at any rate to show that the division of the particles is not progressively increased beyond a certain point by continued trituration, and that the presence of particles being detected by the microscope as high as the ninth or eleventh decimal is due to the fact that some of them escape division. A very elaborate paper by Dr. C. Wesselhoeft, one of the most cautious observers among American physicians, passes in review all the evidence to be gathered from the latest views of molecular science, enunciates the axiom "that the volume of a substance when reduced to the liquid form is not much greater than the combined volume of its molecules," and from this deduces the conclusion "that from the eleventh to the thirteenth centesimal dilution would represent the highest point to which the division of matter can be carried when represented by a fluid of the density of water, and that therefore the eleventh centesimal should be the practical limit of our method of attenuating drugs.

The second branch of the subject is then considered; the evidence of the presence of drug matter in the attenuations from the stand point of the therapist. This evidence is divided into two classes, one derived directly from the consensus of clinical experience ranging from Hahnemann to the present time, as to the curative value of the sixth, twelfth, and thirtieth dilutions, supported

by the record of the experiments carried out in the Leopoldstadt Hospital as to the comparative value of the thirtieth, sixth, and fifteenth dilutions in the treatment of pneumonia, and by cases of cure recorded by individual practitioners—the other is the record of a series of experiments made during 1879-80. In these experiments, twenty-five sets of ten vials each were provided—one vial in each set containing the thirtieth dilution of a known medicine, and the remaining nine simple alcohol—the problem was for the experimenter to discover by physical, chemical, physiological, therapeutic or any other test, which of the vials contained the drug. Nine selected incorrectly, and the remainder made no report.

Another series of forty-eight sets of two vials each were similarly provided, one vial containing the thirtieth dilution of a known medicine, and the other alcohol only, and in one instance only was a correct selection made.

With the lower dilutions five experiments were made with sets of ten vials, one containing the third decimal dilution and the remainder dilute alcohol; four out of the five experimenters reported correctly.

Three similar experiments with the fifth decimal were all successful; out of seven made with the sixth decimal five were correct; of two with the seventh, one was correct; and the same result was obtained with the eighth and ninth, but with the tenth decimal both experimenters failed. It had been expected that Dr. T. F. Allen, now a well known name to every homœopath, would have assisted in the experiments with the thirtieth dilution, in the efficacy of which he announced himself a firm believer, but his state of health unfortunately prevented him from carrying out his intention.

These experiments seem to have been conducted with great care and extreme precautions] to have been taken to prevent any fraud or collusion. Following this matter of fact record, we have some essays upholding the virtue of the higher and highest dilutions, the evidence adduced in their favour being of the character with which we have all been long familiar, individual cases, often by no means fully or scientifically reported, and wonderful instances of extreme susceptibility to drug action, are taken as sufficient to prove things, which would need almost, as one of the speakers said, that one should rise from the dead to convince us of their truth. The strong objection to this class of evidence, is well put by Dr. McClelland, himself a high dilutionist, who said, "When I find a case of typhoid fever reported, and a most frightful state of things existing, the patient just at the last gasp, a case of genuine typhoid fever—just as you all know, with certain pathological conditions produced—and a certain potency is given, and very often a very

high potency, and lo! behold, the next time he is visited, in twenty-four hours, the patient is well. Now we all know that that cannot be. It *cannot* be. You appeal to people that ought to be reasoning people to believe things that cannot be. So we find tumours described, malignant tumours, and a high potency is given—or a low potency as the case may be, but I really think the high potency is oftener mentioned. ‘A high potency was given,’ and under the influence of the drug, a cure is reported. We know that a morbid growth is a thing of slow growth. It is something which is developed after months and months, and years. When we hear the reports that one dose is given, and lo! the next day the tumour is gone. Now, I say that shocks the faith of the people in the testimony that is brought to bear as to the efficacy of high potencies.” It is not to be expected that any amount of evidence will convince the extreme men of either party, but the moderate dose man, the man who, willing to try anything, still prefers to have some material ground for his practice, will find much in this work to interest him and confirm his faith.

“The whole question of dose will never be settled until experience includes numerous and accurate statistics obtained from hospitals and private practice. Experience must be based on statistics which show the negative as well as the positive results of treatment; hitherto only favourable cases have been reported.”

In conclusion, we would urge all our colleagues to get this book, as they will find in it much food for thought and practical work, more than we have had space to mention.

It is, in short, a work which is the result of numerous experiments, a large amount of careful observation and of much reflection. As such it is a very valuable contribution to a *questio vexata* of no mean order. Pretty nearly all that can be said on the dose question is set forth in the volume before us, and as a thoroughly honest and scientific *exposé* of the subject we commend it to our readers.

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## NOTABILIA.

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### HAHNEMANN CONVALESCENT HOME, BOURNEMOUTH.

A SALE of work to pay off the remaining debt on this institution was held at the small Town Hall, on Tuesday, the 6th ult., under the patronage of the Dowager Countess Feversham, the Countess Cairns, the Hon. Mrs. Grey, the Hon. Mrs. Tighe, Lady White,

Lady Brown, Mrs. Boyle, Mrs. Hull, Mrs. Fenwick, Mrs. Newman Smith, and Mrs. Snell. This institution, which is located on the West Cliff, was founded some few years ago for the treatment of convalescent patients on homœopathic principles. The foundation stone was laid on the 4th January, 1878, by Earl Cairns, the then Lord Chancellor, by whom the building was opened about a twelvemonth later, at which time the sum needed to pay for it had been raised. A large expense, however, had to be incurred for furnishing, and seeing that heavy working expenses have also had to be met, it is not surprising that a portion of this debt remained, a sum of about 850*l.* being required, towards which it was decided to devote the receipts from the bazaar. Before mentioning particulars respecting the bazaar itself we may state that the institution at the present time provides twelve beds, three distinct classes of patients being received, namely, such consumptive patients as may be recommended to Bournemouth with a fair hope of restoration or considerable improvement, convalescent cases of a non-infectious character from various homœopathic hospitals and dispensaries, and any acute non-infectious cases which may occur in the practice of the local Homœopathic Dispensary, and may be recommended by the medical officer.

The bazaar, which was patronised by a very large number of influential visitors and residents, opened at eleven o'clock, but without any formal ceremony. The chief stalls were held by Mrs. Nankivell and Mrs. Hardy. The former was assisted by Miss Drury, Miss Rowlandson, and the Misses Hull, the latter by the Misses Kindermann, Miss Huth, and Miss Dacre. The stalls were dressed with crimson cloth, draped with white muslin and wreathed with evergreen and bracken. The Masters Nankivell kept a children's stall, and were assisted by the Misses Hull. This stall contained a number of articles made by the patients of the Home. An art stall, draped with old Italian lace, was presided over by Mrs. Masters, ably assisted by Miss A. Drury and Mrs. Claude Strachey, and displayed a number of choice pictures and china plates by A. H. Davis, C. D. F. Pritchard, and others, together with several objects of *vertu*. The refreshments were under the direction of Mrs. Laughlin, the Lady Superintendent of the Home. During the day choice selections of music were performed by Mrs. Flyter, Mrs. Hutchinson, Miss Hull, Miss Levason, Miss Goodwin, the Misses Dunman, and Miss M. Drury, the pianoforte being lent for the occasion by Messrs. Price and Son. A beautiful collection of flowers from the nurseries of Mr. Swaffield completed the attractions of the day. The sum realised bordered close upon two hundred pounds.

### LONDON HOMŒOPATHIC HOSPITAL.

WE understand that the Board of Management of this hospital have determined on establishing a special department for Skin Diseases, and have appointed Dr. GALLEY BLACKLEY to the charge of it. Dr. Blackley has devoted considerable care to the study of this class of diseases; on the treatment of which he has written several useful papers. When in Vienna he was a pupil of Hebra and Neumann.

### BIRMINGHAM HOMŒOPATHIC HOSPITAL.

ON Monday, the 18th ult., Mr. SAMUEL BRANDRAM recited "Midsummer Night's Dream," Aytoun's "Execution of Montrose," and a scene from Sheridan's "Rivals," before a large and highly gratified audience at the Birmingham Town Hall. Between the acts and the pieces Mr. Stimpson performed several pieces on the magnificent organ which is so great an attraction to visitors to the Town Hall of the metropolis of the Midlands. Something like £60 will, it is expected, be realised for the benefit of the hospital.

### DR. SIDNEY RINGER AND HOMŒOPATHY.

IN *The London Figaro* of the 5th ult. appears a highly eulogistic sketch of Dr. Sidney Ringer as a physician. Among other things, the writer says: "We read in a homœopathic pamphlet that Dr. Ringer employed and recommended homœopathic remedies. We know not if the statement is accurate, but assuredly if there are homœopathic remedies that Dr. Ringer had tried and found beneficial and curative he would employ and recommend them. . . . Let it not be supposed Dr. Ringer belongs to no school of medicine. He is an allopath; that is to say, a member of the general and orthodox school of medicine; only his medical mind is too free from sectarian bias to refuse to consider and use a remedy because it was discovered by, or was the leading remedy of some other school of medicine."

There is an air of catholicity and liberalism about a statement of this kind very attractive "to the million," to whom, according to *Figaro*, Dr. Ringer "is still a coming man." But it by no means represents Dr. Ringer's position as it really is. True, he does employ and recommend homœopathic remedies, and he is both wise and right in so doing. We do so ourselves. But where homœopaths complain, and that justly, of Dr. Ringer, is that while so doing he ignores and ridicules the principle that led to the discovery of the remedies he employs and recommends, and refuses ordinary professional courtesy to the men to whom he is indebted for what knowledge of these remedies he possesses. For example, in January, 1869, Dr. Ringer published

in the *Lancet* an essay on *aconite*, setting forth its clinical uses. It was reprinted in the *Review* in our ensuing number, with foot notes pointing to the volume and page of the homœopathic works in which similar observations had already been made. The principle which led to these observations was that of *similia similibus curantur*. But Dr. Ringer never once mentioned this, never once gave so much as a hint that these clinical applications of *aconite* were not original observations!

It is against this silent repudiation of the bridge which has carried him to the high place in the rank of modern therapeutists that he occupies, that we have always protested. It is the want of generosity, lack of simple honesty that characterises the proceeding, that is so offensive to our sense of what is right and honourable.

Had Dr. Ringer adopted much or little of homœopathy into his practice, and at the same time given full credit to those whose work had afforded him the means of doing so, to the principle of drug-selection which had been the basis of their work, we should have been the first to congratulate him on his prescience. As it is, his manner of doing what he has done has been too discreditable to him to enable us to do so.

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### HOMŒOPATHY IN BELGIUM.

At a meeting of the Association Centrale des Homœopathes Belges, held at Brussels on October 6th, it was resolved to present the following address to the Senate and Chamber of Representatives of Belgium:—

“To the Presidents and Members of the Chamber of Representatives and the Senate of Belgium:—

“The Association Centrale des Homœopathes Belges, at the close of last year, had the honour of submitting to the Government and to the Legislative Chambers a petition relating to the teaching of homœopathy in the higher educational establishments supported by the State. This petition was the subject of an interesting discussion in the Senate at the session of May 10th, 1880.

“Encouraged by the sympathy which was manifested towards it, and by the movement of public opinion, the Association Centrale des Homœopathes Belges ventures to come before you again to respectfully ask for your votes.

“What was our astonishment to hear one of our most bigoted opponents say in the senate that ‘there was neither homœopathy nor allopathy!’ No one, however, is deceived by this, and why? because the fundamental formulæ of the two systems are opposed; we apply the law of similars; our adversaries depend on the law of contraries. The study of drugs is carried on in a

different method in the two systems. We employ small doses, whilst our adversaries have recourse to strong ones.

“ Were the assertion of our opponents correct, it would form an additional reason for the scientific explanation of homœopathy in the universities. Those who look on it as an error would then be obliged to refute it by other means than insults, witticisms, or common-places.

“ Those who, like ourselves and our patients, hail it as an advance in science and a public benefit would be no longer unpardonably hurt in their conscience by a teaching enjoying exclusive privileges, to the detriment of most respectable rights and convictions.

“ We venture, then, gentlemen, to beg of you to lend the weight of your legitimate influence

“ 1st. To the institution in each University of the State (for the faculties of Medicine and Pharmacy), and in the Veterinary College, of a Chair of Homœopathy associated with clinical instruction. Attendance on the course should be optional ; but students who desire to submit themselves to a special examination on homœopathy should be entitled, in case of success, to have mention of it endorsed on their final diploma.

2nd. To the embodiment of homœopathic drugs in the official Pharmacopœia. Homœopathic physicians being obliged, in towns at least, to avail themselves of the chemists, these ought at least, in reciprocity, to be obliged to prepare our prescriptions, and to keep homœopathic remedies in their shops. This question is the more opportune at present, as it will find its natural place in the approaching discussion on the new pharmacopœia.

“ We pray you, gentlemen, to receive the honour of our respects.

DR. MARTINY, President.

J. MANS, Secretary.

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### PROGRESS OF HOMŒOPATHY IN MEXICO.

On the 18th of September, 1880, in the Hospital of La Lave, at Orizaba, two wards were opened, devoted exclusively to homœopathic treatment. The opening ceremony was very impressive ; the governor of the province, attended by a detachment of troops as a guard of honour, presided over the ceremony. He made a speech, and then went in procession through the two wards. In the male ward was a veiled bust of Hahnemann ; the governor unveiled this, and declared the hospital open. Other speeches were delivered by M. Eliezer Espinosa, M. le Dr. Ismael Talavera, and M. le Dr. Cresencio Colin, of Mexico, as representatives of the Mexican Institute of Homœopathy. Two of the allopathic staff, Drs. Ahumada and

Joffre, assisted at the ceremony. Dr. Meza alone would neither pay a visit nor set foot in the hospital on that day.

It is entirely due to the efforts of MM. Ramon Hernandez, Edward de Pablos, inspector of hospitals, and Dr. Talavera, that homœopathy has been introduced into hospital practice. The two wards which have just been granted to them contain, the one, 17 beds for men, the other 8 for women. M. le Dr. Talavera is appointed as physician on the staff.

We congratulate our Mexican *confrères* most heartily, and wish Dr. Talavera a bumper of success.

### THE ARGA PERSICA.

A CORRESPONDENT of the *Daily News*, in an interesting account of a journey through Teheran, published during the autumn, gives the following account of the bite of this insect. Mesrah is in the plain which reaches away by Kesvin to Teheran. He writes, "I had been warned, on the peril of my life, not to sleep at Mesrah, because there was to be found the *garrib-gez* (literally, 'bite the stranger.')

The effect of the bite was described to me as being on the whole much worse than that of the black scorpion. Our horses could carry us no further, and, nathless the dread which I had of the creature described to me, I had perforce to make a halt of half an hour at the dreaded station.

"One of the first questions which I asked of the stable attendants was whether they could show me a specimen of the 'bite the stranger.' After a few minutes' search, the man brought me out half a dozen in the palm of his hand. The largest was not over the third of an inch in length, and resembled in form what is vulgarly known as the 'wood louse' in England. It was of a silvery grey appearance, and had, as I carefully remarked, eight legs, four on each side. I should at once have set it down as one the arachnoid or spider family were it not for the entire absence of the dual division of *cephalothorax* and abdomen which distinguish that family. Notwithstanding this, it may, and probably does, belong to the family in question. Its sting is productive of the worst results. A small red point like that produced by the ordinary flea is at first seen. Then follows a large black spot, which subsequently suppurates, accompanied by a high fever, identical, as far as external symptoms go, with intermittent fever. In this it is like the bite of the tarantula or *phalange* of the Turcoman plains. The only difference is, that the fever produced by the sting of this insect, known scientifically as the *arga Persica*, and locally as the *garrib-gez* and *Genné*, if neglected for any length of time, is fatal. It is accompanied by lassitude, loss of appetite, and in some cases delirium. I have seen it mentioned in an old French book, giving an account of the French embassy to Teheran in

1806-7; but the writer had had no personal experiences to narrate. He called it the *mouche de Miane*. Miana is a village on the same stream as Mesrah, and is well known as one of the *habitats* of this pestilent insect. It is styled by the inhabitants of the places which it frequents the 'bite the stranger,' for the inhabitants of the place never experience any inconvenience from its sting. There is a general belief that once a person has been stung, the 'Persian bug' is harmless against the same individual, and this would seem to be borne out by fact; for the people living in the village of Mesrah laughed at my fears as I carefully perched myself on the top of a rock with a view of keeping out of the way of the local bugs, while the people of the place kept them with impunity in the palms of their hands. Some Austrian officers going to Teheran last year, happening to stay at this hamlet of Mesrah, were stung by the *garrib-gez*. All were ill, and one narrowly escaped with his life. Numerous cases of death can be cited as the result of the sting of the *arga Persica*. Speaking on the question to a Persian doctor, he informed me that it was the custom, when any important personage was travelling through any district infested by these 'Persian bugs' that his attendants administered to him without his knowledge one of the "bugs" concealed in a piece of bread during the early morning. Experience has shown that when one has been bitten, and recovers, he is for the future guaranteed against further injury. It is a kind of inoculation, and the local physicians believe that the poison taken through the stomach is administered with equal good effect as if received directly into circulation. A leading European member of Teheran Society informed me that he had simultaneously received seventy-three stings from these insects, the bites having been counted by his servants. The result was an extreme amount of fever, winding up with delirium on the fifth day. Violent emetics, followed by doses of quinine, were given without effect; and it was only on taking large quantities of tannin, in the form of a decoction of the rind of the wild pomegranate, that the patient recovered. For a great part of my information on this subject I have to thank Mr. Sidney Churchill, of Teheran, a young and rising naturalist who has devoted much of his time and talents to the entomology of Persia."

#### HOMŒOPATHY AT HALIFAX.

THE attempt recently made by the allopathic sect at Halifax to oust Mr. Ainley from the post of Medical Officer of Health for that borough has failed as signally and ignominiously as it deserved to do. After some pressure brought to bear upon the Sanitary Committee by the allopathic sect, a Mr. Cookson was appointed. This the Council refused to confirm, and Mr. Ainley was unani-

mously elected Medical Officer of Health for the next three years.

This victory shows that, if the lay friends of homœopathy, if those who profit by it far more than their medical advisers do, will only insist on fair play being accorded to homœopathic practitioners, a due share of public appointments will fall to their lot. It is not the confession of homœopathy that is the barrier to such offices being filled by homœopathic practitioners, but the apathy or indifference of those who believe in homœopathy.

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#### ALEXIS ST. MARTIN.

MANY of our readers will be surprised to learn that Alexis St. Martin, to whom physiologists are eternally indebted for nearly all the reliable information they have acquired about the processes of digestion, is still alive. Every work on Physiology recounts the experiments made by Dr. Beaumont on St. Martin's perforated stomach.

In a magazine called *The Western Temperance Herald* for last month appears a letter from Mr. T. B. Fox, of Hyde Road, Waterloo, near Liverpool, who states that when on a visit to some friends in Gloucester, he "there met Mr. Welford, a young medical gentleman from Canada, who had come over to England to perfect himself in his profession, before entering on a practice in the Dominion. In the course of a highly interesting conversation with him, chiefly on the subject of the effects of alcohol on the human body, and its value or otherwise as an application in medicine, I happened to ask him if he had ever heard or read of the wonderful case of Alexis St. Martin. 'I have not only read and heard of him,' said he, 'but I have seen the man repeatedly, and indeed quite recently.' 'What,' said I, 'is he still living? Why he must be a very old man now.' 'He is not only still living, at a good old age,' said Mr. W., 'but I am ashamed to say he is living in obscurity and almost poverty, to the eternal disgrace of the medical profession all over the world, who have learnt more about the process of digestion, the functions of the stomach, and the effects of different kinds of food and drink on the body, through him, than by any other means they have ever been able to command. It is a great shame that the Medical Faculty do not subscribe and buy him a substantial annuity, seeing what obligations *the whole medical world* is under to him, for the knowledge derived by means of a study of his case.' "

We should be very glad to see this suggestion acted upon. Physiology owes St. Martin much more than those who profit by their knowledge of it can ever repay him. Mr. Fox will be pleased to put anyone desiring to help him in the way of doing so. St. Martin is living near Woodstock, in Canada West.

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**"THE TRUE SECRET OF HOMŒOPATHY."**

POBONIUS stated it long ago: "To thine own self be true; and then it follows, as the night the day, thou canst not then be false to *Hahnemann*."—*Funny Folks*.

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**BRITISH HOMŒOPATHIC SOCIETY.**

THE next meeting of this Society will be held on Thursday, the 6th inst., at seven o'clock, when a paper will be read by Dr. HUGHES, on *Two Anomalous Cases of Chronic Arsenical Poisoning*.

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**CORRESPONDENCE.**

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**THE LONDON SCHOOL OF HOMŒOPATHY.**

**THE INTERNATIONAL RECOGNITION SCHEME.**

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—The objects of this scheme were set forth in the paper read by me at the Leeds Congress, in September. Briefly they are these:—It is desirable that the number of skilled homœopathic physicians and surgeons should be increased, so that reliable homœopathic practitioners should be established in every town or district in Great Britain containing 10,000 inhabitants. At present the homœopathic *clientèle* is far too large and too scattered to be able to obtain skilled practitioners of homœopathy for all their ailments. While the patients are in London or its neighbourhood, or in or near some other large town, they can readily obtain the advice they require, but in the country districts it is different; they must then, in case of severe illness, either send to London or some other great city for advice, at an expense that none but the very wealthy can afford, or they must trust to be treated by correspondence (which is to some extent risky, and always troublesome and a source of anxiety), or they must trust themselves to domestic treatment or treatment by amateurs; or, lastly, they must call in the advice of a practitioner of the old school, and, for a time, revert to a system which they believe to be fraught with dangers and inconveniences. This also is a great hardship.

Therefore we desire to increase the present very small number of skilled homœopathic physicians and surgeons.

There are three ways of doing this which are open to us.

The one, is represented by our *London School of Homœopathy* as at present constituted, viz., that of providing lectures on

the science and practise of medicine, teaching *only those points* in which our science leads us to *differ* from the *ordinary teaching* of the allopathic medical schools. This mode of teaching is therefore intended as supplementary only to the usual medical school courses. There is this practical difficulty, which I fear is insuperable. The present scheme of medical education demands that *four years'* medical study shall be gone through before a diploma, degree, or license to practise is granted. Most students, after four years' study at a university or college, are desirous to enter at once into practice, and cannot or will not devote a fifth year to the study of any new subject, such as homœopathy. There are other reasons and objections on which I need not enter here—that they are potent is clear from the act that *the sons of homœopathic practitioners* have not, *as a rule*, attended the lectures given in our school, although their fathers acknowledge that our lecturers and teachers are excellent.

The second course open to us, is that of founding a complete *new medical school* in which all the usual branches of neutral study shall be taught, and, in addition, the Homœopathic Materia Medica, and the Homœopathic Science and Practice of Medicine and Surgery.

No doubt but this is the best possible thing to do, but there are practical difficulties. In the first place, our first student could not be fitted to practise till four years after the opening of the *new school*, and the new school itself could not be formed and ready to work for some two or three years. We must enlarge the hospital to 100 to 150 beds (at present there are less than 70). We must collect together a sufficient staff of teachers, whom we must subsidise for some years, until the school became self-supporting; and, in fact, the hospital and school will require a sum of at least £100,000 before we could hope to start a really efficient school. Who will give us £100,000 for so noble a purpose? At present, I fear we have less than £8,000 collected or promised for the school.

Therefore, we must seek some other (third) course which will promise us an immediate or early supply of good homœopathic practitioners. To my own mind such a *source of supply* is to be found only in America, and even there the *practitioners* are not ready made to our hands, for this reason: *Our practitioners must be in every respect as well instructed, both practically and theoretically, as are those of the old school.* Now in America the course of study demanded by many of the universities or colleges is of less duration than our own. In some of the medical schools two years' instruction is deemed sufficient to allow a man to submit himself for examination. In the majority of the schools three years is deemed sufficient. Now, as in this country no man is allowed to *qualify* under four years, we could

not ask the Medical Council to register these gentlemen in England as legally qualified. But in such a case this is what I would propose—that the course of *education* received in America should be admitted as equal to a similar period passed in medical study in England, and that a course of lectures or hospital practice passed through in America should count as equivalent to a similar course in England. So that any man who has graduated in America, at the end of two years' course of study, shall be only required to pass two years further in an English medical school or hospital, and may then present himself for complete examination, which, if he passes, shall allow him to register. The man who has graduated after a three years' course in America being only expected to pass one year longer in medical study in England, &c.

By this scheme, which would involve our having an examining board connected with our hospital and school in England, we might very soon add a not unimportant number of homœopathic physicians and surgeons to our present ranks.

But, in offering this recognition to the graduates of American universities and schools, it also appeared to me we should have a right to expect an equivalent recognition from them for the student work done at our own London School of Homœopathy, and I wrote the following note accordingly, sending a copy of it to the president, dean, or secretary of each of the *eleven universities, colleges, or medical schools* in America, enumerated below :—

The University of Boston.

The University of Michigan.

The University of Iowa.

The Hahnemann Medical College of Chicago.

The Chicago Homœopathic College.

The New York Medical College for Women.

The Pulte Medical College of Cincinnati.

The Homœopathic Medical College of St. Louis.\*

The Homœopathic Hospital College of Cleveland, Ohio.

The Hahnemann Medical College of Philadelphia.

The New York Homœopathic Medical College.

To this letter, which is subjoined, I have received the following replies. In addition to my letter the authorities of the London School of Homœopathy officially forwarded a copy of Dr. Richard Hughes' new edition of his *Pharmacodynamics*, embodying his lectures delivered within the school. This volume was presented to the president, dean, or secretary of each of the medical schools (homœopathic) in America. A copy of our rules, of our last report, and of the announcement of the coming sessional work was also sent to the same school officials.

\* About to be called the St. Louis College of Homœopathic Physicians and Surgeons.

The letters will speak for themselves, and show a cordial and genial appreciation of our effort for mutual recognition, which I hope, and believe, will be warmly re-echoed by the whole body of our professional brethren on this side.

Yours truly,

WILLIAM BAYES, M.D.,

Hon. Secretary to the London School of Homœopathy.  
21, Henrietta Street,  
Cavendish Square, London, W.

LETTER OF DR. BAYES TO THE HEADS OF THE UNIVERSITIES  
AND MEDICAL SCHOOLS IN AMERICA:—

21, Henrietta Street,  
Cavendish Square, London, W.  
29th July, 1880.

To Dr. ———

Dean of ———

“DEAR SIR,—At a meeting of the Committee of the London School of Homœopathy held on Monday, July 12th, I received permission to apply to the authorities of your university (or college), asking you to consider whether you would incline to recognise such lectures as are or may be delivered at our school, as equivalent to lectures on the same subjects delivered in the school of your university (or college), provided the courses are equal in scope and number? We, on our part, accepting your lectures as equivalent to ours of equal number and scope. We have a great want of qualified practitioners of homœopathy in Great Britain, both medical education and the granting of degrees and diplomas, is at present wholly in the hands of an allopathic monopoly, which excludes homœopathic teaching from all the recognised schools. But it has occurred to me that we may be able to obtain legal powers to examine and grant diplomas or licenses to those who have obtained American and foreign degrees or diplomas, provided their courses of instruction come up to the standard demanded by the constituted medical authorities at present existing in Great Britain, and further, that when the courses of such American or foreign universities or colleges are shorter and less complete than those required in Great Britain, we might obtain powers to supplement such deficiency in our English School of Homœopathy. If an American diploma or degree can be obtained after *two* years' study, and if the English standard requires four years' course of instruction, we still might be allowed to count those two years of having *so far* qualified the candidate, and then proceed to add two years' further study in this or some other country, after which (four years having been completed) we could proceed to

examine such candidate, and grant our degree or diploma to such as passed satisfactorily. When the American course prescribes three years' courses of instruction, we should add one year's course in our school before proceeding to examine and grant the diploma. Before taking any further step, will you have the courtesy to furnish me with full particulars as to the course of study demanded of the graduates of your university or college, and believe me, with the highest consideration,

My dear Sir, yours most faithfully,

W. B., &c.,

Hon. Secretary, &c.

P.S.—You will kindly understand that we have, at present, no licensing power, but by the action contemplated above we hope ultimately to obtain such powers."

The letters received in reply to the foregoing, one and all express the deepest sympathy with the efforts being made in England to extend the knowledge and increase an appreciation of the homœopathic method. The acknowledgment of Dr. Hughes' new edition of his work on Pharmacodynamics is in each accompanied by a warm encomium on its value as an introduction to the study of *Materia Medica*. We regret that our space precludes our giving the letters *in extenso*, but the following extracts will suffice to show how thoroughly our American colleagues are prepared to co-operate with Dr. Bayes in his proposed scheme.

Dr. DOWLING, Dean of the New York Homœopathic Medical College and President (elect) of the American Institute of Homœopathy, says: "I will lay the matter before our faculty on my return from my summer vacation. I can safely assure you that the lectures delivered in the London School of Homœopathy will be recognised by our school."

Dr. A. R. THOMAS, Dean of Hahnemann Medical College, Philadelphia, in promising to lay the matter before the next meeting of the faculty, says: "I can see no difficulty or objection in the plan you propose."

Dr. TALBOT, Dean of the Medical Faculty of the University of Boston, writes: "Be assured that any plan you may adopt will receive our most cordial consideration and effort in bringing the Transatlantic schools into co-operation that they may assist each other, and mutually benefit and advance the profession. As soon as some definite plan of action is determined upon I hope you will inform me, and also in what way we can best aid you."

Dr. HOYNE, Registrar of Hahnemann Medical College, Chicago, describes the course of study pursued in the college, which appears to be both thorough and practical.

Dr. ADAMS, secretary of the Homœopathic Medical College of Chicago, says that the "college will be happy to enter into some arrangement with the school," Dr. Bayes represents, "provid-

ing there is not too great a diversity in the respective schedules of lectures, &c., to admit of such interchange of courses.

Dr. WALKER, Dean of the St. Louis College of Homœopathic Physicians and Surgeons, replies that—"As soon as your school has a legal organisation, we will no doubt give you the full recognition you desire. If your school, consisting of a company of physicians united for the purpose of teaching homœopathy and the other usual branches, and yet having no charter nor legal status, our bye-laws would not allow us to recognise it as a college. As soon as you can claim a legal existence as a school of medicine we will be glad to extend to you the courtesy you ask." In a subsequent letter Dr. Walker expresses his hearty sympathy in the movement for international recognition.

Dr. PHILLIPS, registrar of the Homœopathic Medical College of Cleveland, writes that he was authorised by the faculty to state that, "Provided a student attend fifty-five lectures upon the branches named in your school, he will be accredited with one full course upon the said subjects upon entering our college, provided, of course, he be otherwise qualified."

Dr. FRANKLIN, Dean of the Homœopathic Medical Faculty, in the University of Michigan, after an expression of interest in the London School of Homœopathy, says:—"We desire to maintain the most perfect accord and reciprocity in college education. We will recognise all lectures delivered in your school as equivalents to those delivered in our department of the university, provided the courses are equal in scope and number. . . . If your students, after taking certain courses of study, wish to come here to obtain their degree, we will accept their official evidence of study as equal to ours as far as they go and give them full credit for such courses."

Dr. COWPERTHWAIT, Dean of the Homœopathic Medical Faculty in the University of Iowa, says that he is "pleased to state that we have unanimously decided to recognise such lectures as are or may be delivered in the London School of Homœopathy as equivalent to lectures on the same subjects delivered in the Homœopathic Medical Department of the State University of Iowa."

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#### DR. BERRIDGE'S DISCLAIMER.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—In reference to the disclaimer of Dr. Berridge in your November number, I learn, from Dr. Drysdale, that he has no intention of taking up the subject of homœopathic auxiliaries controversially, as his opinions on this point have

been already pretty fully expressed, and his time and attention are otherwise occupied. As Dr. Berridge is very much surprised that Dr. Drysdale should have included him in the general rank and file of homœopathic practitioners, I venture to make a suggestion or two with a view of diminishing this evidently painful feeling. Dr. Berridge has posed for some time as a purist, and has lost no opportunity of announcing his creed in public; he has cried it from the house-tops with a most remarkable perseverance, and he may naturally ask why his claims to distinction are not awarded him. The answer I take to be, judging solely from Dr. Drysdale's paper, the same in principle that is expressed by the legal maxim, "*de minimis non curat lex*;" and, secondly, that "*exceptio probat regulam*." Furthermore, Dr. Drysdale evidently referred to men practising medicine generally, and not sectionally, and as Dr. Berridge states that "the whole of his medical practice is distinctively homœopathic and nothing else," it is evident that he has no midwifery or surgery, and certainly would not undertake to administer a chemical antidote in a case of poisoning. This is obvious from the fact that Dr. Berridge has not had to answer a charge of malpractice or criminal neglect in a court of law. In midwifery, to reduce the armamentarium to the smallest dimensions, a pair of scissors at least is necessary, and that is unquestionably a non-homœopathic auxiliary, unless, indeed, Dr. Berridge gets the nurse to do this doughty deed, and so save his medical conscience. In any case requiring the least mechanical interference Dr. Berridge must transfer the responsibility to someone else, to save, not merely his conscience, but his privilege of residing outside a gaol. In surgery, again, if he should fail to treat a hernia, a dislocation, or a fracture properly, the law would have something to say to him. Again, in a case of poisoning by sugar of lead, to omit the sulphate of magnesia would be risky to both patient and doctor. For a man to throw away the assistance of enemata in obstruction of the colon, of stimulants in cases of extreme exhaustion, of chloroform in operations, and of a score of other invaluable auxiliaries, would be as rational as for a mechanician to throw away the screw, the inclined plane, the pulley, and the wedge, and to announce to the world as a great advance in purity of practical mechanics that he was going in future to employ the lever, and nothing but the lever, and that whoever resorted to other instruments was a mongrel, &c. Why, the world would rightly set down such a man as an absolute lunatic, and it is difficult to see where the analogy fails in the case of the medical man. If Dr. Berridge's practice is such as he describes, we can only infer that he avoids the rough-and-tumble of the work-a-day world, and limits his labours to the flowery paths of chronic diseases, in which the worst that happens for the most part is a fall on the grassy

sword. But the case is not yet fully stated. "Methinks the gentleman doth protest too much." There is mesmerism. That is a non-homœopathic auxiliary, and we presume he employs it, because Hahnemann did. Our colleague's creed seems to be inadequate here to cover his practice. Mesmerism finds particular favour with high dilutionists, most likely because its subtlety is supposed to be akin to the super-subtlety of the c.m.'s and m.m.'s. But a coarse materialistic aid, like a pessary or a poultice, is revolting to their fine sensibilities. These practitioners ought to adopt the following armorial bearings:—a shield, *parted per pale*, a varicocele, *pendent*, *sinister*, and a suspensory bandage, *also pendent*, *dexter*, with the motto, "Non tali auxilio." Thus significantly blazoned, the world would know these knights for what they are.

Our colleague may say, in reply, that he does not object to adjuvants of a mechanical kind, although his words are "distinctively homœopathic and nothing else." If he should so reply, it must be asked on what principle is this line to be drawn at mechanical aids? Why not also thermal, electrical, chemical, dietetic, &c.? There is no prerogative attaching to mechanics, and, providing there is no antagonism between the homœopathic treatment and the auxiliary, it is difficult to see on what grounds any kind of collateral aid is to be objected to.

The truth is, that the position taken up by Dr. Berridge involves a Rhadamanthine rigour of treatment. When nature, in her hour of weakness, asks assistance, no concession is to be made. The homœopathic drug is to do the work, and, as we know, does it well; but in the meantime, until the balance is adjusted and strength returns, are we to exact the tale of bricks without the necessary straw? Is the stomach to digest the food of strong men, the skin to bear the extremes of heat and cold, the muscular system to have no rest, the heart and bowels no assistance? Dr. Berridge says, "No! No auxiliaries!"

It has been said that in some sense we are all better than our creeds, and our colleague is probably no exception. He doubtless concedes a great deal more than he confesses to: if not, so much the worse for his patients. In conclusion, these remarks have not been intended to specify what and when auxiliaries may be employed, but simply to defend the principle, that they not only are but must be employed, and that to limit them to mechanical and merely external appliances is quite illogical, and not even Hahnemannian. Besides, such repudiation of them is opposed to well-established professional facts, and cannot in any civilised community be practised without subjecting the practitioner to legal penalties. It is time, therefore, that we heard

the last of such professions of exclusiveness, seeing that they are devoid of all practical foundation, and have degenerated into the cant of a minute section of the homœopathic body.

Yours, &c.,

P. PROCTOR.

17, Hamilton Street, Birkenhead,  
Dec. 15, 1880.

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## HOMŒOPATHIC HISTORY AND SCOTCH HUMOUR.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Pray let me draw the attention of your readers, and especially of Dr. Black, to his letter which appeared in your *Review* of last month, in which he quotes my assertion “that Dr. Quin fully intended, when the British Homœopathic Society was founded, to ultimately apply for a charter.”

Dr. Black then proceeds to state that he applied to Dr. Hamilton and Mr. Hugh Cameron to controvert my statement.

Dr. Hamilton's letter, with great literary tact, avoids the question of the charter altogether. But Mr. Hugh Cameron, treating Dr. Black very much as Balaam treated Balak, states in his reply that “Dr. Quin, in the early days of the Society and to the end of his life, hoped that the Society would ultimately attain such a status as would entitle it to a charter.” I cordially thank Mr. Cameron. How, then, does Dr. Black compile homœopathic history. Dr. Yeldham, Mr. Cameron, and the printed report of Dr. Quin's views in the *Annals of the British Homœopathic Society*, all support my assertion that “Dr. Quin fully intended, when the British Homœopathic Society was founded, to ultimately apply for a charter.”

To what exact purpose the charter would have been put by Dr. Quin and his early friends there is no documentary evidence to show. I am content with the evidence that it was intended to apply for a charter. Whether Dr. Hamilton has exactly gauged the depth of wisdom of his friend Dr. Quin's diplomatic mind, as he claims to have done, I know not.

Yours truly,

WILLIAM BAYES, M.D.

21, Henrietta Street,  
Cavendish Square, W.

## NOTICES TO CORRESPONDENTS.

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•• We cannot undertake to return rejected manuscripts.

Communications, &c. have been received from Dr. BAYES, Dr. ROTH, Dr. YELDHAM, Dr. GALLEY BLACKLEY, Dr. BERRIDGE, and Mr. HARRIS (London); Mr. BERNARD ROTH (Brighton); Dr. GIBBS BLAKE (Birmingham); Dr. KENNEDY (Blackheath); Dr. HAYWARD (Liverpool); Dr. PROCTOR (Liverpool); Dr. JESSEN (Chicago); Mr. WILLIAMS (Liverpool); Dr. SHARP (Rugby).

ERRATUM.—In Dr. BERRIDGE'S "Glanderinum," p. 558 (Sept.), last line but one, for "*Vulva*" read "*Velum*."

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## BOOKS RECEIVED.

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*Medicinal Treatment of Disease of Veins.* J. C. Burnett, M.D. London: Homœopathic Publishing Company.

*Dress: Its Sanitary Aspect.* Bernard Roth, M.D. London: J. & A. Churchill.

*Materia Medica Pura.* Hahnemann. Vol. 1. Hahnemann Publishing Company.

*Second Annual Report of the Chester Free Homœopathic Dispensary.*

*First Report of the Hastings and St. Leonards Homœopathic Dispensary.*

*The Chemist and Druggist.* London.

*The Monthly Magazine of Pharmacy.* London.

*The Students' Journal.* London.

*Homœopathic World.* London.

*Hahnemannian Monthly.* Philadelphia.

*American Homœopath.* New York.

*St. Louis Clinical Review.* St. Louis.

*United States Medical Investigator.* Chicago.

*The Medical Advance.* Cincinnati.

*Therapeutic Gazette.* November. Detroit.

*Bulletin de la Soc. Med. Homœopathique.* Paris.

*L'Homœopathie Militante.* Bruxelles.

*Bibliothèque Homœopathique.* Paris.

*Revue Homœopathique.* Bruxelles.

*Allgemeine Homöopathische Rundschau.* Leipsic.

*Allgemeine Homöopathische Zeitung.* Leipsic.

*Rivista Omiopatica.* Rome.

*El Criterio Medico.* Madrid.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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## THE MONTHLY HOMŒOPATHIC REVIEW.

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### HOMŒOPATHY IN SOUTH AUSTRALIA.

THERE is a strong bond of sympathy between the old country and her colonies, and it is always a pleasure to us here to learn of the welfare of our brethren in distant lands, who never cease to speak of the British Islands as their "home." The characteristics of the British nature are strong in the new communities, as the existence of the sympathy between them and the old would testify; but yet there are wide differences at the same time. Socially, they lie half way between us and America. Freed from many of the restraints and crusted prejudices that lie in the way of progress at home, they have not yet attained to the jaunty open-mindedness of our American cousins, who like to judge of men and things by what they look upon as their merits, without consulting "Mrs. Grundy," or regarding conventionalities.

We have had lying before us for some time a bundle of papers and letters from South Australia, and now proceed to give our readers, what lack of opportunity has prevented us from giving hitherto, a glimpse of the position of homœopathy in that colony.

Adelaide, its seaport and capital, is a flourishing town of some 30,000 inhabitants. It possesses a general hospital, with 350 beds; and a children's hospital, which is also a training institution for nurses, containing 50 beds. The general hospital is entirely in the hands of allopaths, though one of our colleagues, the Hon. DR. ALLAN CAMPBELL, is on its board of management, and works in that capacity in perfect accord with half a dozen allopathic *confrères*. The name of that gentleman will not be unfamiliar to our readers, it having been our pleasure to mention on a former occasion his elevation to the Upper House of the South Australian Legislature, and also his connection with the establishment of the Children's Hospital. Of that excellent institution he may be said to be the father. But for his untiring energy and devotion, it is not too much to say that the wish for it, which was expressed to him before he set to work to procure it, would have remained a wish only, though when the project was once set on foot, he was ably supported by many noble helpers. As far as we are aware, the constitution of this hospital differs from any we have heard of in British dominions. In accordance therewith, the medical men are elected by the subscribers "irrespective of their views of any particular system of medicine." At present, of the six members of the staff, three are homœopaths, and three are allopaths, their patients being mixed up and down in the four wards, and the members of the staff consulting with one another inside and outside the hospital. This is certainly a great achievement, and reveals to us possibilities of professional forbearance we had not suspected, and does infinite credit to the wise foresight and large-heartedness of DR. CAMPBELL. It may be, some may think this a sign of weakness on his part, and not of liberal-mindedness, but not so we. There are more ways than one of pushing homœopathy. If it can be done by toning down the bitter

animosity that exists in professional minds, on both sides, so much the better for homœopathy and the science of medicine generally. Unfortunately, the world in this respect is not composed of Adelaides, nor the medical profession of such as those who form the staff of the Adelaide Children's Hospital.

A leading feature in the conducting of this institution is the training of nurses and the courses of lectures delivered to the probationers and others interested in the work by members of the staff. Dr. CAMPBELL gave the introductory lecture of the course, and was followed by one of the allopathic members. Dr. MAGAREY, who occupies a high position as a professional man in the colony, is the other homœopath who assists in this work. The lectures are well reported in the *South Australian Register*, and are of a very high order of merit, so that it is easy to understand the great degree of popularity they have attained. In addition to these lectures, our indefatigable colleague has delivered other courses of lectures to popular audiences, giving most useful and necessary instruction in the elements of physiology, and occupying much the same ground as the St. John's Ambulance Association's lectures do in this country. After speaking of the lectures delivered at the Training College by Dr. CAMPBELL, the *South Australian Register* says :—

“ At the recent meeting of the subscribers to the Children's Hospital prominent attention was drawn to the fact that here also Dr. Campbell had paved the way for other workers. The thirty lectures he has delivered constitute what the Chief Justice well termed ‘ a magnificent contribution ’ to the promotion of two of the chief objects of the institution—the training of nurses and the diffusion of information upon matters affecting the management and health of children—and others may fairly be expected to enter into his labours. In another direction Dr. Magarey has

been doing good service for the public. His investigations into the subject of infant mortality have been most thorough, and his deductions therefrom, although not unanswerable, are full of interest for the student of the most extraordinary and unsatisfactory feature in the vital statistics of South Australia as compared with those of the other colonies of Australasia. The facts he collates and the conclusions at which he arrives are, however, too important to be dismissed in a few sentences. Our only object in referring to his lecture here is to call attention to his researches, and to the freedom with which he states his opinions and unreservedly gives medical advice to parents, as affording another illustration of the ready and disinterested way in which professional men are communicating their knowledge for the promotion of sanitary science, and for the benefit of the community at large."

The annual general meeting of the committee of the Children's Hospital, alluded to in the above quotation, was held in the institution on Monday afternoon, June 28th last, His Honour the Chief Justice presiding. We are sure our readers will be interested in the report read by the chairman, and also in a part of the subsequent proceedings.

"The CHAIRMAN then gave the annual report of the Board, and stated that the late Lady Superintendent's engagement having terminated on March 25th last, in the meantime several ladies of the Committee kindly volunteered to take charge of the Institution. The Board advertised for a suitable matron, referring the matter to the House Committee; and after considering the merits of the applicants, the Board adopted the recommendation of the House Committee, and appointed Miss Alice Willmott, of Paramatta, as the best candidate for the positions of matron and trained nurse. She had entered upon her duties on May 7th last, and she had the entire confidence of the Board and of the House Committee. In consequence of increasing clerical work, and of the necessity for active efforts on behalf of the Institution which the Honorary Secretary was unable to undertake, the Board

had felt it necessary to engage a paid Secretary, and had appointed Mr. Reed to that position, and he commenced duties on April 19th last. The Institution was greatly indebted to the untiring efforts of Mr. A. T. Magarey while acting as Honorary Secretary. He was sure a paid Secretary could not have done more in behalf of the Hospital than Mr. Magarey had accomplished. (Hear, hear). The works in the garden were still being proceeded with. The lawn and terraces were to be sown with couch and buffalo grasses, and trees were to be planted around it. The appearance of the place would be greatly improved when these works were completed. Since the last general meeting the Hon. Dr. Campbell had delivered a series of some thirty lectures on nursing and practical physiology to probationers and to the public. These lectures terminated on the 10th inst. This short statement recorded most valuable services rendered on behalf of the Institution by Dr. Campbell, especially in the direction of practical nursing, which was regarded as being so important an aim in the establishment of the Children's Hospital. These lectures not only represented hard work, but the appreciation of the work was shown by the large and regular attendances when the lectures were delivered; yet, although it might have been a labour of love, the preparation of the lectures indicated a large amount of toil and care. (Hear, hear). The Committee would do well to arrange for the continuance of another series of lectures on this subject. Although they could not ask Dr. Campbell to deliver another series, still he hoped some action would be taken in this direction. At the recommendation of the House Committee the Board obtained estimates for an additional bedroom for the night nurse, and that room was now in the course of erection at a cost of £78. Considerable inconvenience had been caused because of the necessity of having to keep the children in the two northern wards, so as not to disturb the night nurse in her rest during the daytime, and therefore this room had been erected. In consequence of serious defects in the system of drainage, the Board appointed a sub-committee on the subject, and a large cistern had been constructed, with a force-pump attached. It is felt that

this will remedy the defects complained of. Lately the Hospital had been presented by Dr. Campbell with four wall map illustrations of natural history, valued at £8, and with pictures and illuminated texts to the value of £5. The following donations had also been made:—A load of firewood from Mr. Wm. Sutherland; a beautiful American organ, value £86, through the exertions of Miss Stuckey; a fine musical box from Mr. Percy Green; a child's patent swing from Mr. George Phillips; and books for nurses to the value of £4 5s. through Dr. Campbell. In conclusion, without wishing to enter upon any controversial matter, he might be permitted to observe that he was sorry to see a statement in a letter on the subject of the Hospital Sunday collections. He was sorry to see a statement hinting that the Children's Hospital was not yet in good working order. He was quite satisfied that that statement, which was made in a letter published by His Lordship the Bishop of Adelaide, could not have been made from an inspection of the building, because he was sure there was not one who could go over the wards and watch the working of the Hospital without arriving at a precisely opposite conclusion to that expressed in the letter. They would be very glad to receive suggestions from His Lordship or any other friend of the institution for the purpose of improving the working of the Hospital in any degree; but he most emphatically protested to a statement, which was opposed to the facts of the case, suggesting that the Hospital was not in working order. His Lordship must have been misinformed on this matter. The discipline was most perfect under the management of Miss WILLMOTT, who, as he had stated, had the entire confidence of the Board. The probationers were working {most enthusiastically in behalf of the institution, and the report in respect to the patients showed that they had greatly benefited by their treatment. He was sure also that the ladies who had attended the course of lectures indicated in their regular attendance that the Hospital had not only been successful in its primary object, but successful in the scarcely less important object of giving instruction in the work of practical nursing. The following was a record of the number of cases

treated:—‘ Since the last general meeting, on March 4, 1,878 cases treated at the Outdoor Dispensary; indoor patients at the Hospital—received from March 4 to June 28, 82; discharged 36; died, 1; in the wards on June 28, 19.’ The Board had felt the urgent necessity of obtaining an increased number of annual subscribers. Circular letters are now being issued by the Secretary to those who were not on the subscription list, and the Board earnestly trusted that each member of the Committee would personally co-operate in the effort. (Hear, hear.)

“ Dr. CURTIS seconded, and said he was sure misrepresentations had been made to His Lordship the Bishop, and he felt certain if Dr. Short paid a visit to the Hospital his mind would be set at rest regarding its efficiency.

“ Mr. G. W. GOYDER said he was satisfied the Bishop had the success of the institution at heart—(Hear, hear)—and he must have been under very great misconception when he wrote the letter.

“ The Hon. Dr. CAMPBELL pointed out that with regard to the getting-in of patients into the institution, most of those sent in were chiefly recommended by persons directly connected with the Hospital. The medical profession had the right of recommending patients to the Hospital, but as they had not the whole sympathy of the profession they did not get patients which might be sent to them. That militated against their receiving so many children as they had anticipated, but he felt sure as the work of the institution was carried on, and the public appreciated its merits, they would have to provide more beds in the wards.

“ Report adopted.

“ The Hon. T. KING moved—‘ That the General Committee do confer upon the Hon. Dr, Campbell a life-governorship, with the privileges appertaining thereto, in recognition of the many valuable and material services rendered by him to the institution.’ He said although the institution had been suggested by a lady, yet Dr. Campbell was to be credited with bringing it to its present state of perfection. He had also given very valuable time in delivering lectures, and had taken the question of the bazaar up

heart and soul, and with the assistance of the ladies had made it the most successful affair of the kind held in South Australia. They were only giving him a due recognition of the services the Hospital owed him by conferring upon him this life-governorship.

“ Dr. CURTIS seconded, and endorsed what Mr. King had said.

“ Mr. G. W. GOYDER thought the motion was a step in the right direction. Ever since he had seen the efforts of three or four persons in behalf of the Hospital he had wished to confer some recognition of their services upon them, and he was pleased to see that the committee proposed to bestow a life-governorship upon Dr. Campbell, who had done so much for the Hospital. He hoped at the next meeting to move that some two or three other ladies and gentleman should have a similar honour conferred upon them.

“ The motion was carried unanimously.

“ The CHAIRMAN said he had refrained from saying anything on this subject until the motion had been carried, but he would now state that no one could be honoured with an intimacy with Dr. Campbell as he had been without becoming aware of the great efforts he had made from the first inception of the institution, not merely as a medical officer, but as a general worker. If anything were required to be done in any department of the hospital, Dr. Campbell was appointed to the committee, and his efforts in behalf of the hospital might be said to have culminated in his magnificent contribution of thirty lectures. He had much pleasure in asking Dr. Campbell to accept the governorship.

“ The Hon. Dr. CAMPBELL said it would be ungracious for him not to acknowledge the honour they had conferred upon him, but he would like to make a few remarks regarding the institution. The Hospital was looked upon, not only by the medical men, but by outsiders, as one of the most perfect institutions of its kind. With regard to the perfecting of it, he acknowledged he had had something to do with it, but he had not done all. Others had done their share, but he was still the willing servant of the institution. (Hear, hear). He could not help referring to the

delicacy of his position with regard to the institution, like those in whom the grand aim was to do the children all the good they could without a flag or without a creed. (Hear, hear). It was a rule that the institution should not recognise medical creed, and that being so, they could understand the delicacy of his position. If he had brought forward his particular creed it might have injured the institution, and in some degree frustrated its primary object; but he was sure they would agree with him that he had succeeded in his efforts, and that there was now an institution in South Australia which had no parallel anywhere. He was not aware of any other hospital where patients were under free medical treatment. He hoped this would go on, and that they would never recognise any medical creeds whatever. He felt the honour they had conferred upon him, but above this was his sense of pleasure when he walked through the wards and saw the expression of thanks upon the faces of the little ones lying there. He did not know of anywhere except in children's hospitals where children were under such good training, both morally and physically. The children while in that institution learnt nothing except what was good and true. (Applause).

"Mrs. Gawler tendered her resignation as a member of the Committee on account of her leaving the colony. It was decided to ask Mrs. Gawler to allow her name to remain on the Committee during her absence.

"Mrs. Tarlton and Miss Clark were appointed to the Committee.

"The meeting then terminated."

From Dr. CAMPBELL's comment on the report it will be seen that, in spite of the "happy family" arrangement, amongst the hospital staff there is still a good deal of the old ill-feeling left. We should have inferred as much had he not said what he did. Human nature, in its narrowness, is much the same all the world over, and the marvel is that the better part of it has gained in Adelaide the triumph that it has. We are sure homœopathy has not secured the proud position it occupies in the colony,

without the exercise of a vast amount of energy, wisdom, and caution, professional skill and courtesy on the part of our colleagues who there represent it. To them we offer our warmest congratulations, and trust that they may go on to still greater achievements. Our colleague, Dr. CAMPBELL, we especially congratulate, and trust that he may long be spared to give the world the benefit of his marvellous energies. Wonder and envy strive within us as we contemplate a man who is at once a busy practitioner, a Member of Parliament, medical officer to one hospital, on the board of another, a director of half-a-dozen companies, and a success generally.

### PREDISPOSITION.

BY WILLIAM SHARP, M.D., F.R.S.

“Μελέτη τὸ πᾶν.”—PERIANDER.

WE live in the midst of the works of God. We call them natural phenomena or appearances. They are great and marvellous, minute and subtle, far beyond our comprehension. Our strongest conviction, therefore, should be one of ignorance; and this conviction should habitually pervade our minds and teach us to “go softly.” We have in our power two means of diminishing this ignorance—thoughtful observation and experiment. Some phenomena are beyond experiment, and are open to observation only; as those of astronomy and geology. Others are studied mainly by experiment; as those of chemistry and electricity. The rest are accessible to both observation and experiment; such are medical phenomena. But these are not subject to observation and experiment in equal proportions. The natural history of disease is learned chiefly by observation; we were first taught how to observe by Hippocrates, who looked at disease, and wrote down what he saw. His writings have been called a meditation on death. The results of illness, first effectually taught by Morgagni, have been diligently studied since. This study may be called a meditation on disease. These two kinds of learning have been carried some way towards perfection in our day. But

of cure they say nothing—there is needed a meditation on cure. This belongs to experiment, and in this work small progress has been made. The consciousness of our backwardness in this, which is the great object of a profession of medicine, and the chief reason for its existence, has been present to me for many years, and has urged me to pursue experiments with medicines with much perseverance, and the results have been given to my profession, from time to time, with all the care and honesty in my power. This labour has been accompanied by another consciousness which has haunted me like a ghost; but about which, as it is prudent to do about ghosts, I have hitherto kept silence. The time has come for me to speak, and I have now to say that, in experiments with drugs, there is an element in the problem, hitherto apparently unnoticed, which cannot be overlooked without danger of falling into error—this is the *living body* in health and in disease, on which the experiments are made. Why, then, has this element been so long left out of sight? Because we can look successfully at only one thing at once. Let us take a little time to think of this.

It has often been remarked that these works of God, these natural phenomena, are wonderfully intertwined one with another; and that they constitute such a perfect whole that no single phenomenon can be understood without a considerable acquaintance with many others which surround it, and which are intimately connected with it. On the other hand, the capacities of mind which God has given to man, though when looked at in themselves they appear and really are grandly large, when viewed relatively to the extent and complexity of the works of creation, are so narrow that unless we are content to study one thing at a time, we are hopelessly lost in our vast surroundings.

While, therefore, we are ardently desiring to view the panorama of nature so as to see and admire its beauty and wisdom, we are constrained by the limits of our mind's power, first to attempt inspections of small individual parts; until, by examining a succession of these, and by putting together the ideas which we have slowly acquired in this manner, the horizon spread out before us becomes more and more extended. This mental condition is now recognised; for the first persistent assertion of it we are indebted to Lord Bacon; and it has been acted upon with more or less intelligence since his time. The old Greek



has been my happiness to invite the attention of my fellow-labourers in the work of healing the sick. All along it will have been noticed that the action of drugs upon the living body has been studied as if living bodies were uniform and stable; whereas everyone knows that the contrary is the existing condition. There are not two bodies exactly alike, nor one which is not subject to incessant changes—changes arising out of its own internal working, and changes dependent, as the colours of the chameleon are said to be, upon its varying surroundings.

Those who have patiently accompanied me in this enquiry into the action of drugs, have for a long time been content to look at this action with eyes like the eyes of owls, which see in the dark, and which are set to look only straight forward. But for a drug to act there must be a living body in which the action can take place; and the time is at length come—I feared it would not come to me—when we may turn our eyes to this living body, and hope to learn some knowledge of value to the sick. While undertaking this, we may do more than look at the body as acted upon by drugs; we may notice how it is affected by all the exciting causes of disease, of which drugs are one. This Essay, then, will be devoted to what is called *Predisposition*, but with special reference to predisposition to the action of drugs.

What is meant by predisposition? That condition of the body which makes it possible for any of the *exciting* causes of disease so to act that by the conjunction of the two causes, disease is produced. Predisposition and *predisposing cause* being taken as synonymous. Predisposition is a subject often referred to in books on medicine, but it has not yet been investigated as it deserves. Neither can I hope to accomplish the task; but the thoughts I am able to express shall be gathered up into nine bundles. The words predisposition, susceptibility, sensitiveness, tendency, aptitude, will be used synonymously.

### I.—*Life.*

All the exciting causes of disease have to do with life, so also have all the predisposing causes. There is neither power of excitement in external causes, nor predisposition or sensitiveness in the body, without life. This is a “general fact” which will be accepted without contention.

On dead organs, however perfect, these causes, whether predisposing or exciting, have no action. It will be remembered that mechanical and chemical actions are not now under our consideration. As to the galvanic action which takes place soon after apparent death, it is evident that in the organs acted upon, life is not yet quite extinct. My courteous readers may also be reminded that I agree with Sir Thomas Watson in rejecting the term "proximate causes." This expression has too strong a taint of metaphysical subtlety for the plain sense and practical utility aimed at in these tracts.

We are now studying predisposition, and seeking specially for the causes of its variableness, in reference to diseases and to the action of drugs. Life is essential to the existence of predisposition, and one of the causes of its variableness is the absence of uniformity in life. The life of one man differs greatly in its energy—its vitality—from that of another man; the life of a woman differs from the life of a man; the life of a child differs from both. Nay: the life of each organ of the body is its own life—has its own character—and in this it differs not only from the life of other organs in the same body, but also from the life of the corresponding organ in other bodies. All these differences have an effect upon predisposition, and require to be taken account of by the physician. What life is, or rather what it is not, has been discussed in Essay XX.

All this is true; life is necessary to predisposition, and yet it is not true to say that drugs, along with other exciting causes, act upon life. "Vitalism," as every medical man knows, has been one of the prevailing medical theories. It has been earnestly advocated by Stahl and other eminent men. It was adopted by Hahnemann in its purity. According to him, life is a dynamism; the causes of disease are a dynamism, which, acting upon life, deranges its condition; drugs are a dynamism, which, acting upon this deranged condition of life, restores it to its natural condition, that is, to health. What dynamism is, beyond "a power," no one knows. From these vague premisses is drawn the conclusion that infinitesimal doses of drugs are efficacious remedies. But when there is an error in the premisses there is commonly a fallacy in the conclusion; so that, should the conclusion be true, its truth must be proved in some other way. These exciting causes do not act upon life, but upon organised matter which is living.

Life and organisation must be combined ; and it is upon this combination, which the old writers would call a *tertium quid*, that drugs and other causes of disease produce their effects. It is in this combination that predisposition exists. Dynamism and dynamic, of the nature of which we know nothing, are words which I prefer not to use ; as used by Hahnemann they are erroneous ; this may be clearly seen from what has just been said. Before leaving this topic, let me anticipate a quibble. It is said "drugs act upon protoplasm," and it is the fashion to speak of protoplasm as an unorganised pulp, and of organised matter as dead. Be it so ; then the *tertium quid* is life and unorganised pulp. But let it be remembered that this pulp, whether organised or not, is material—is matter and not spirit—and that life must be joined with it, or predisposition cannot exist. That the organisation produced by protoplasm is lifeless matter is simply an assumption ; it has not been proved to be a fact.

## II.—*Idiosyncrasy.*

Peculiarity of individuals. It has been customary to attribute this peculiarity to a few persons only. It is here taken to apply without exception to every individual. Each person is a "material ens" in reference to the external or exciting causes of disease, and consequently in reference to the action of drugs. It has been said that "face answers to face," and with truth ; but this is not inconsistent with another truth, that each face has its own distinguishing features. So is it of the susceptibility to the existing causes of disease (and drugs are among these) ; each person has an idiosyncrasy of his own, which must be understood and taken account of, both in experiments in health and in prescribing in sickness, if we would discover facts in the former, and be successful in the latter.

Personal peculiarities are countless in number and endless in shades of difference. Some of them are of little importance to the physician ; others are of the highest value. There are peculiarities of individuals in colour ; besides the white, black, and copper coloured races of men, we have here and there a rufus, an albino, and a tawny ; we have also giants and dwarfs ; we have a longshanks, a crookshanks, a brasenose ; and we have hare-brained, choleric, and lion-hearted men ; but the medical adviser cannot learn much which will be useful to his patient from

such peculiarities as these. More instructive are those which belong to temperament, and this is the strict meaning of the word *idiosyncrasy*; such as the sanguine, the nervous, the phlegmatic, the bilious, the melancholic, the lymphatic. These differences cannot be passed over by the physician without neglecting some portion of his duty to his patient.

It has been remarked that individual peculiarities are numberless, all that can be done, therefore, is to give examples sufficient to make the meaning of the word *idiosyncrasy* distinctly intelligible. The following will serve:—

With regard to *food*. It is well known that the peculiarities of people in the matter of food are many and great. Some can digest readily what will even kill others. Many enjoy mushrooms, two or three would kill me. But short of being killed, many persons suffer considerably from food which agrees perfectly with others. Shell-fish is wholesome food for many, but not for all; one of my relatives could not take the smallest quantity without having a fit of asthma; another will be covered with an eruption by even a few shrimps. An eruption is not an uncommon effect of shell-fish. No meat agrees with me better than pork, and in this I rejoice in having Hippocrates on my side; but to many it is a forbidden food. When the late Mr. White, of Westminster, was asked to visit a patient in the evening, his first question was, have you been eating pork? But pork is solid, a leg will weigh much more than a leg of mutton of equal size; and pork is savoury, and people are apt to eat more of it than they are aware of, and this is often the reason why it disagrees. Eggs are wholesome food for many, but some cannot take them with impunity. Even milk does not agree with all. And so, if attention is given to the variations among a number of persons in respect to food, it will be found that to each person belongs some singularity with which the physician should make himself acquainted. Before leaving the subject of food let me add two practical remarks. (1) It is possible to cultivate these peculiarities until the stomach is trained to reject everything. I have met with sensible people who could eat nothing but mutton chops. I was requested to visit a lady in Wales who was living upon "white of chicken;" and another in Rutlandshire who was trying to live, but did not succeed, upon two teaspoonfuls of asses'

milk in two teaspoonfuls of water four times a day. (2) It is quite possible and highly desirable to conquer the fancies of children about food. This, I think, should be done by a very gradual process of gentle compulsion; for instance with respect to eating the fat of meat. It has been an unhappy fashion of late to indulge children in their dislike of fat. This has led to the waste of much wholesome and necessary food, and so has encouraged other wasteful habits, and has deprived the body of some materials essential to healthy life; this is followed by emaciation and debility for which a very disagreeable remedy—the oil of the liver of fishes—has had to be largely given.

With regard to *air* and *exercise*. It would be tedious to dwell upon such peculiarities as these, but they exist, and must be noticed by the physician. They are very obvious to any one who has not lost the power of observation which he had in childhood, and who will exercise it. He will see how some flourish in the house, and how many more flourish out of doors; how some can walk, and how others can ride; how some can travel in a carriage or in a ship, and how others are sick in either one or the other, or both.

With regard to the common *causes of disease*. From time to time it happens that many persons are attacked with influenza; or with cholera; or with fever; or with one of the exanthemata; and this outbreak of sickness is called an *epidemic*. But how many happily escape! When a child, I had measles; when at Westminster School, whooping-cough, by which five months were occupied; but during sixty years of medical life, and of frequent exposure to fierce epidemics of all kinds except the plague, I have been mercifully preserved from them all—the aptitude, the predisposing cause, being absent.

Again, there are particular places in which certain diseases are more or less constantly present; these ailments are called *endemics*; such as ague; Roman fever; the goitre of the valleys of Switzerland; the ozcena of the west coast of Africa; all these show varieties of predisposition in the persons exposed to them. And in solitary illnesses, which are called *sporadic*, how many are the differences in the effects produced on different persons by the same cause! Exposure to cold or to rain will send one to bed with bronchitis; another with rheumatism; another with a sore throat; another with a bad stomach; another

with inflamed eyes ; another with face ache ; another and another with something else. Here the exciting cause is the same ; the different effects are caused by difference in predisposition.

With regard to *drugs*. Susceptibility to the action of drugs varies in two ways :—first, with respect to *all* drugs ; and second, with respect to *particular* drugs. The action of drugs in the living body is very wonderful ; we have had many opportunities of seeing this, during our examination of them in the previous Essays. The variations in this action on different persons are scarcely less wonderful. Some persons are sensitive to the smallest doses of all drugs ; others are not sensitive even to large doses, not actually poisonous. I have had patients, *e.g.*, in one family two sisters, in another the husband and wife, strikingly contrasted in this manner. Some persons who respond in the usual way to the action of drugs generally, are intolerant of one or two, even in very small doses ; about thirty-seven years ago, a patient, a middle-aged lady, very nearly died from a furious salivation brought on by two grains of calomel. Others who respond to the majority, are so tolerant of one or two that no effects are produced by them ; some babies can digest any amount of castor oil. The susceptibility to the action of drugs is special to each organ. The brain quickly notices the presence of *opium* or *bella-donna*, but pays little regard to the presence of *nux vomica*, though the continuation of the cerebral substance in the spinal cord is, as all know, so powerfully affected by it. *Arsenic* applied to any absorbing surface, is immediately recognised by the stomach, the small intestines, and the rectum, while the colon, the intermediate intestine, suffers it to pass unnoticed. Each of these facts—the action and the non-action—is as wonderful as the other ; the cause of both has hitherto been hidden from us ; but they are facts of the highest value to us in the treatment of the sick. They are, doubtless, under the guidance of laws, the knowledge of which would be very precious to us. With reference to our present subject we have to remember that this susceptibility varies in different individuals ; so that, in proving a drug in health, we are not to be surprised nor disconcerted if, in different provers, contradictions are met with ; nor if, in prescribing for the sick, surprises and disappointments await us.

### III.—*Influence of Mind.*

There are libraries of books on psychology, metaphysics, and logic. Some of these I have read with pleasure, others with weariness. The volumes I have enjoyed most are those of Sir William Hamilton. But it seems to me, that, after all, Van Swieten comes nearest the truth when he says: "The mind *thinks*, and this is all that we know about the mind." Certainly, we know nothing of its nature or essence. This, like the "nature of angels," is far above out of our sight. Of the *thinking* of the mind, however, we may learn something by careful observation of our own and other people's minds; and among the particulars with which we may in this way become acquainted, are the influences which the mind can exert over the condition and operations of the different organs of the body. The faculty of imagination, or the mind occupied in imagining, has great power over the body. How it can quicken the heart's beats, redden or pale the cheeks, hurry the breathing, bathe the skin in perspiration, disturb the stomach, and, indeed, affect every organ of the body! The will has not less power. How it can keep the limbs working in spite of fatigue! How it can determine that the body shall bear pain!

We have many examples of another kind, of the mind's power over the body. We have a woeful one in hypochondriacs, in whom an enfeebled or disordered mind ruins what might otherwise be a healthy body. Again, Hahnemann gives a minute account of a large number (many hundreds) of symptoms produced during his provings of the magnet. I think it is shown clearly in Essay VI., that these were produced by the imagination of the persons experimented upon. The experiments with mesmerism; with the od or odylie force; and some of those with drugs; may, to a large extent, be safely attributed to the same powerful agency.

But men's minds differ greatly; some are imaginative, and some are practical; some are poetical, and some are musical; some are mathematical, and some are fond of art; minds make their possessors become some orators, some judges, some statesmen, and some philosophers. And of each of these there are many varieties. Minds differ in strength and power; these differences admit of measurement and comparison. Minds differ also in taste; and taste does not admit either of a scale of measurement, or of a line of argument. Some minds take pleasure in mystery; some in novelty; some in speculation; some in

matters of fact. Many value facts only for the sake of theories; many value them for the use which may be made of them; a few value them for their own sakes. It follows that the works of genius—even of Shakespeare's—cannot be understood and appreciated by all. From this we may learn to admire the love and condescension of God in employing such a variety of human instruments while giving us, during fifteen hundred years, a revelation of Himself.

The influences of the mind upon the body, and especially the endless varieties of them here hinted at, have always been a perplexing difficulty in the study of the action of drugs. This difficulty compelled me to make my first experiments with small doses unknown to the patients. The responsibility was not theirs but mine; and the experiments, which without this precaution would have been doubtful and untrustworthy, were satisfactory and successful.

This thinking power, God's great gift, influences—acts upon with a directive or impulsive force—every living body, and every organ in that living body, and in every possible degree and manner. If the features of a man's face identify him, and distinguish him from all other men, the way in which his mind acts upon his body, could we see it as easily, would characterise him still more. Peculiarity in this respect is personal to the uttermost. In experimenting with drugs no truthful results can be obtained unless this mental element is studied and allowed for. In my experiments with small doses this element was not forgotten. Again it has to be noted that were the laws which govern these phenomena known, such knowledge would be an amazing gain. We are ignorant of them all.

*(To be concluded in our next number.)*

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## A RECORD OF TWENTY CASES TREATED ON THE PRINCIPLE OF HAHNEMANN'S LAW OF SIMILARS.

By JOHN H. CLARKE, M.D.

*(Continued from page 34.)*

### CASE VI.

Mal-nutrition.—*Lycopodium* 6.

THIS case offers some points for comparison with Case V. There was pain in the right hypochondrium, and constipa-

tion, but there was besides much flatulence, and a gravelly sediment in the urine. All these symptoms are prominent in the provings of *lycopodium*, and were amply sufficient to indicate the remedy; and the occurrence of all combined distinguished the case from those requiring *ferrum* on the one hand, and those requiring *nux vomica* on the other.

May 6, 1879. E. S. 10. Fair, delicate-looking. Child of missionaries. Was born in China. Has been in this country five years.

Soon after coming from China she had rheumatic fever. For some months past she has been failing in health, and the lady under whose care she is at present, fearing she was consumptive, sought medical advice.

For months she has complained of a *sharp pain in the right hypochondrium, coming regularly every month.*

Her appetite varies, she constantly craves for something. *The bowels are constipated. She has much flatulence. There is a gravelly sediment in the urine.*

She has never suffered from worms. She has no cough.

*Examination of chest.* There is a systolic bruit heard in precordia, loudest in the pulmonary area. There is no dyspnoea.

I gave her two powders of *sac. lactis*, each containing *tinct. lycopod.* 6, gtt. viii. One to be dissolved in a tumbler three parts full of water, a dessert spoonful to be taken four times a day. The second to be dissolved and taken in the same way when that was finished.

May 17. I received a letter from her guardian, from which I quote the following: "I am happy to tell you that your little patient is wonderfully better. The pain in the side is quite gone. Her appetite has returned, and she is quite bright and full of life again. None of the other unpleasant symptoms have returned."

I did not hear of her again until the following August, up to which time she remained very well. Then she had a return of her ailment, very similar to the last, which was quickly relieved by the same means.

#### CASE VII.

Spasmodic Asthma.—*Nux vomica* 1.

Among the symptoms that appear in the provings of *nux vomica* are:—

"Oppression of the chest."

"Asthmatic constriction transversely through the chest, when walking and ascending."

"Pain in the chest, as if it were compressed by a weight in the open air."

"Constipation."

March 8, 1859.—Arthur H., 21, printer, fair, nervous-sanguine temperament, rather under-sized, narrow-chested, spare.

*Family history.* Mother living. Father died of bronchitis and consumption. Has a sister who suffers from eczema of the hands.

He complains of weakness of the chest. Until lately he has been working in a very close place, with much gas burning in it. Previously to that he had enjoyed good health.

He complains of oppression of breathing when he exerts himself, or when the weather is at all thick.

Tongue clean. Bowels rather confined.

He has a spasmodic, involuntary twitching of the eyelids and orbicularis muscle every few seconds.

*Examination.*—Physical signs negative.

The affection of the breathing appeared to me to be almost purely spasmodic, due to contraction of the muscular fibres of the minute bronchia on slight irritation. *Nux vom.* 1, pil. 1, 8 h.

March 15. Breath has been decidedly better; bowels same; tongue same. Repeat.

March 22. Breath very much better. Can walk fast now. He has the twitching round the eyes still, but he does not notice it. For this I prescribed *agaric.* 1, pil. 1 8 h.

March 29. The breathing has been rather thick. Very little twitching. *Nux vom.* 1.

April 5. Breath better this week. Very little twitching. Repeat.

April 16. Chest rather stuffed. Bowels confined. *Sulph.* 8, pil. 1 t.d.

This was his last attendance. He has since remained perfectly well, but the twitching of the orbicular muscles has never wholly left him.

### CASE VIII.

General debility.—*Nux Vomica* 1.

May 10, 1879. Kate H., 23, single, shoe-finisher, sister of above, fair, ruddy, little. Subject to eczematous condition of the backs of the hands at times.

Was pretty well up to 14 days ago. Was then taken with pain in the left iliac region. Since then has felt very languid and tired. Fainted two days ago whilst at her work. She has much frontal headache.

Has had attacks of the kind before, but never so bad. Tongue clean. Bowels confined. Appetite bad. Sleep poor. Catamenia regular, painful, last time more so than usual. There was much loss, it was just over at the time she fainted.

The general state of debility with anæmia, want of sleep, and confined state of the bowels suggested *nux vom.* to me, and the fact that the same medicine had been of much service to her brother, although in another sphere, confirmed me in the choice.

*Nux Vom.* 1, *pil.* 1, 3 *h.*

May 17. Appetite better. Has not felt so tired and languid. Bowels the same. Has still a good deal of pain in the left side. Repeat.

May 24. Much better generally. Pain in side better. Repeat.

May 30. Much better generally. Repeat.

She remained in good health until a few weeks ago, when she again consulted me. She was suffering in much the same way. This time it was brought on by a severe cold, and there was great depression of spirits. I again gave her *nux vomica*, and she was very soon able to resume her work, and is now almost well.

#### CASE IX.

Emphysema of the Lungs, with periodic attacks of Spasmodic Asthma.—*Nux Vom.* 1.

The power of *nux vomica* to control spasm of that minute bronchi, even in the presence of organic disease, is well illustrated in this case, which may be compared with Case VII., in which the affection was simple. The failure of *sulphur* and *ippecac.* to give permanent relief may be due to the fact that their action is primarily on the mucous membrane, and secondarily on the muscular fibres of the bronchioles, whereas *nux* acts directly on the muscular tissues.

October 29, 1878. George M., 8., pale, rather fair, slightly bloated looking, full-chested, sternum prominent.

*Family and social history.*—Child of poor parents. Mother has a weak chest (see next case). She goes out charring. Father healthy. There are four others in the family besides the patient, all girls, living and strong. Three brothers have died of the disease this one is suffering from. Two sisters are also dead, one of them dying of croup. The mother had her children in rapid succession.

*History of the illness.*—When three months old he had whooping cough, and his chest has never been right since. He has always been subject to attacks of difficulty of breathing.

The attacks come on suddenly and last three days. He goes a fortnight without having an attack on the average—less in winter and more than a fortnight in summer. The attacks are worse in winter.

Tongue white. Bowels confined. Appetite fair. Perspires very much at night.

*Examination.*—He is pigeon-breasted. The free ribs are drawn in at every inspiration. There is a deep sulcus running round the chest, marking the insertion of the diaphragm to the ribs. Breathing largely abdominal. The upper chest moves very little.

Loud wheezing sounds heard all over the chest. Both sides hyper-resonant, more especially the right. Cardiac sounds normal.

He has lately been attending the East Suffolk Hospital as out-patient. The only thing he got there that gave him any relief was a supply of ipecacuanha wine, of which he took an emetic dose when the attacks came on.

In view of the chronic nature of the case, of the power possessed by *sulphur* of causing a spasmodic affection of the smaller bronchi with dyspnoea, and of causing constipation, I prescribed—*Tinct. sulph.* 1, 3 h., *tinct. ipecac.* 1, at night if required,

[As the attacks were worse at night and characteristic of *ipecac.* symptoms, and as *ipec.* had given him some relief in emetic doses, I prescribed it, in a low dilution, to be taken if the attacks should be severe in spite of the *sulph.*]

October 30. Breathing much easier. Attacks not so frequent or so severe: had to take *ipec.* on one or two occasions at night. Bowels regular. Appetite much better. Repeat.

November 16. Has been keeping better but his heart was bad again yesterday. Tongue rather dirty at back. Bowels confined.

I now thought *nux vom.* was a more appropriate remedy than either of the others, both for the state of the breathing and the condition of the alimentary tract. *Tinct. nux vom.* 1, 3 h.

November 19. Chest much easier. Has slept better. Bowels regular. Repeat.

November 22. Better generally. Repeat.

November 25. Still improving. Repeat.

November 28. Much better. Repeat:

Attendance here ceased. I called at the house one day in the following spring to see how he had got over the winter. The boy himself came to the door. He seemed as well as he could hope to be, and said he had passed the winter, a very severe one ('78-79), well, and had only had one or two attacks which quickly passed over: The emphysema was, of course, not changed, but the whole aspect of the boy's life was altered for the better.

#### CASE X.

General Debility, Dyspepsia, Constipation, &c.

*Nux vom.* 1.

February 10, 1879.—Mrs. M., 42, mother of last patient. Tall, dark, spare, rather wasted. Hard-working woman, of good family history. Had her children in rapid succession. Four years ago had twins.

*History.* Has been ailing some little time. Has long been subject to a cough. For a month past has had a cough, worse in the night and early morning, with slight expectoration sometimes.

She complains chiefly of aching through the chest, and pain in the left ovarian region. The pain begins with spasm in the region of the cardiac apex. It is worse after taking food, but does not leave her. She turns sick and faint.

Tongue clean; bowels confined; appetite bad. She cannot take fat, it causes a feeling of weight. She has much flatulence. She sleeps badly; has a feeling in the night as if her heart would stop. She feels sleepy during the day.

She has dreadful dizzy headaches, turning her blind. She has noises in the ears—a distant humming. She has giddy fits in which things seem to go round with her. Hearing, R.  $\frac{1}{30}$ , L.  $\frac{1}{30}$ . Perosseal hearing defective on both sides, especially the right.

She has flushes and chills.

Catamenia regular. Much pain in the back of late. No leucorrhœa. Darting pain in ovarian region, worse at the periods.

*Examination of chest.*—Heart sounds normal. Right apex slightly duller than left, with increased vocal resonance and fremitus.

In this case I concluded that the lung affection was of old date and not of much importance. The giddiness noises in the head, and state of the hearing reminded me strongly of the effects of over-dosing with *salicylate of soda*, and suggested the use of that drug. But the most prominent symptoms seemed to be the general debility marked by dyspepsia, with spasmodic contraction of the stomach and constipation. On this the greater number of the other symptoms seemed to me to depend, and with the general habit of the patient *nux vom.* seemed the medicine most called for. The fact that her boy had already received benefit from it also made me the more ready to prescribe it, as in the case (VIII.) above.

*Nux Vomica* 1, *pil* 1, 3 h.

February 17. Appetite better. Bowels regular. Pain in the chest much easier. Breath much easier. Sleep much better. Ovarian pain much better. Noises in the head better. She has taken cold: has a tight feeling in the head and a good deal of discharge from the nose. Has a cough and hoarseness. Flushes are the same. They come over her when she gets up, and when she thinks. She still turns faint after food. Has giddy headache, feels sick with it. Repeat.

She did not again report herself, and I did not see her when I called at her house. She was so far recovered as to be able to pursue her calling with tolerable comfort, and no doubt did not think it worth while to apply for further medical aid.

CASE XI.

Right Inguinal Hernia, Spasmodic Pain, Spasm of the Bladder.—*Nux Vomica* 1.

The last example of the action of *nux vomica* I shall cite is in the region of the involuntary muscle of the intestines and bladder. Cases of bronchial and stomachic spasm have already been detailed, and the pathogenetic action of the drug compared with the curative in these spheres, and I may mention that I have found it no less applicable to the same affection of voluntary muscles—*e.g.*, cramp of the calves. In the present case spasm of the bladder was evinced by frequent desire to urinate. This symptom also occurs in the pathogenesis of the drug. The following are from Allen:—

630. "Cutting colic, with qualmishness."

679. "Sensation of weakness in abdominal ring, as if a hernia would occur."

774. "Urging to urinate."

November 10, 1879. Mrs. F., 41. Tall, sallow, spare, rather dark.

*Family history.*—Good. Parents living and well. Her own children are all delicate.

*Social history.*—Poor. Has to work hard for her living.

*Previous history.*—Has never been strong. Has a child seven months old, which is weaned. Has been attending for two months at East Suffolk Hospital but has received no benefit. They have not told her the nature of her complaint.

*History of present illness.*—For four or five years past has suffered from pain in right groin. Has felt weak in this region since the birth of her three last children, but more so since the last was born. The confinement was tedious. Very soon after it she noticed a knot at the seat of the pain, the size of a walnut. The knot is not always there, and she only has the pain when the knot comes. Just before the pain comes there is *urging to micturate*. She passes a large quantity of urine and it causes much smarting. *The pain makes her feel sick*. It comes on when she is at stool. She is subject to spasms. She often comes over faint.

Tongue dirty whitish yellow. Bowels regular (she has been taking medicine from the hospital). Catamenia regular.

*Examination.*—There is a tumour in the right groin, above the level of Poupart's ligament, approaching the pubes. It feels like a gland. Coughing impulse is transmitted. It is replaceable by taxis.

She was ordered to get a truss, and in the meantime to take *nux vom.* 1, pil. 1, quater die.

November 18. She has *scarcely had any pain—has not felt sick.* The lump still comes down, but not so often, and it does not get any bigger. She has not got a truss yet. Bowels confined. Repeat.

In this case there occurred, what is by no means uncommon, a complete removal of disagreeable symptoms by a drug, whilst the physical condition from which they appeared to spring, remained the same. In certain cases the physical change follows the symptomatic, at other times it is necessary to bring it about by other means; or again, in certain cases there may be no need to interfere, the removal of the symptoms being practically the removal of the disease. In this case the use of other means was indicated and prescribed.

November 25. Lump rather painful, has not kept back so long. Repeat.

In considering the cases of the poor, and their difficult circumstances, we must always be prepared for some retrogression, due to the fact that when they feel a little better they are sure to do a little more work, and use up their strength as they go along. I have made no note of it in this instance, but if my memory serves me, this was the cause of the slight retrogression here.

November 1. Has got a truss, it keeps the tumour up. She can get about better. Tongue white. Appetite poor. Bowels regular. Yesterday came over faint in the evening, has been subject to this since last confinement. Repeat.

November 9. Decidedly better on the whole. Repeat.

November 16. Keeping much better. The lump has come down but there was no pain, She has a cough. Repeat.

This was the last time she had any occasion to attend.

## CASE XII.

Bronchitic Asthma. *Arsen.* 3.

Compared with the cases of spasm of the minute bronchi treated with *nux vomica*, and narrated above, the following brings out one or two points of interest.

January 22, 1879.—James E., 55, labourer at foundry ; big powerful man, dark, strongly marked features.

He came into the dispensary wheezing badly, almost gasping, and gave by degrees the following account :—

Has been ill a week. Had no cough to speak of before a week ago. Never had anything of the kind before this winter. *Cough comes on in fits. Cannot lie down at night. Expectoration scanty.* Gets ease when it comes up. *Bones ache.* It came on first in the night.

Tongue clean ; bowels regular ; appetite bad ; sleep bad. Respirations 36 in the minute.

He was in great distress, and had had some difficulty in getting to the dispensary.

I diagnosed it to be irritation of the bronchial mucous membrane (catarrh sec) from cold, with spasm of the bronchials. The symptoms were very like those of the *arsenic* provings, and I was induced to prescribe that medicine in preference to any other, *nux* included, by the evidence of inflammation as well as spasm, by the inability to lie down at night, and the aching in the bones. *Arsen.* 3, pil. 1, 2h.

This was on the Wednesday, and I gave him orders to report himself on the following Saturday.

January 25.—He came himself, looking very different, and said that he was much better, could lie down at night, but not for long at a time. Breathing easier ; cough not so bad ; appetite better. Repeat.

January 29.—Much better. Keeps improving. Repeat.

February 12.—Called to say that he was quite well.

### CASE XIII.

#### Nervous Debility.—*Arsen.* 3.

This is an example of the action of the same medicine in a different sphere.

October 19, 1878. Mrs. H., 40, a Spaniard, dark, medium size. She does not talk English, but her husband who is English interprets. She is very nervous.

She complains of *sleeplessness*, caused by a sensation of *burning heat at the stomach*, rising to the top of the head. She has been troubled in this way, more or less, for five years.

Tongue clean. Appetite bad. Does not vomit. Bowels regular. Catamenia regular.

It was evidently a case of low nervous power, and as the weakness manifested itself in symptoms like those produced by *arsenic*, I selected that medicine. *Arsen.* 3. pil. 1, quater die.

October 29. The painful sensation is much better. Sleep has been better till last night, Appetite is still poor. Repeat.

November 8. Same as last week.

As there was no further improvement, I decided to try a change, and principally with a view to the head trouble, I gave *belladonna* 3, pil. 1, q.d.

November 23. Better. Sleeps much better. Still has burning in the head. Repeat.

November 30. Has not slept so well. The sensation at the vertex has come back again, She has taken cold. I now thought it advisable to return to the former medicine, as the action of *bel.* as far as this case was concerned, seemed exhausted. *Arsen.* 3, as before.

December 7. Much better. Sleeps better. Burning pains gone. This completed the case. The patient had no need to return. The more deeply acting remedy was most indicated and appears to have had the chief share in working the cure.

#### CASE XIV.

##### Incipient Phthisis.—*Phosph.* 2.

I have next to report a case of bronchial catarrh with hæmorrhage, resulting in chronic pneumonia of the apex of the right lung.

The lassitude, the cough, and the nature of the expectoration, which greatly resembled the symptoms produced by *phosphorus*, determined the selection of that remedy. I have myself seen the lungs in a state of red hepatization in a woman poisoned by *phosphorus*.

July 19, 1879, Alma C., 21, boiler-maker, fair, tall, well-made, powerfully built, well nourished but somewhat pale.

*Family and social history.*—Good.

*Previous health*—Good until little more than twelve months ago, when he took a cold which has never left him

since. A cough came on and soon he began to raise blood with it. That ceased ; but a month ago it began again.

*Present illness.*—He is still troubled with the cough and bloody expectoration. The blood is not frothy. It comes up every time he coughs, in small quantities, “about as big as a shilling,” There is no night-sweat, but he complains of languor and faintness. The cough is worse in the morning ; he has no pain.

Tongue clean. Bowels regular. Sleep good.

*Examination.*—Larynx: not tender, no pain in it. Lung: apices equally resonant, in both expiration is exaggerated, wheezing and prolonged. Heart: sounds normal.

July 26. Feels about the same but does not get up so much blood. Repeat.

August 2. Stronger. Repeat.

August 9. Much stronger, bleeding nearly stopped. Repeat.

August 16. Has taken fresh cold. Spat up a little blood after breakfast. Repeat.

August 23. No bleeding at all yesterday and to-day. First time he has gone two days clear since it came on. Repeat.

October 1. Is keeping very much better. Has no bleeding. He looks quite well, and says he feels well, and equal to his work, which is hard and tiring. (He was working all the time of treatment, only taking a day or two's rest occasionally.)

I examined his chest again and found—a shade of dullness at right apex ; increased vocal resonance and fremitus.

From this time he left off taking medicine. He took cold several times during the following winter and came under my care again, with the same symptoms only not so severe. Each time *phos.* 2, and *bry.* 1, when the morning cough was troublesome, quickly set him right and enabled him to keep at his work.

I advised him to seek a warm climate—Australia or South Africa—where he would not be exposed to such rapid changes in temperature, and where he would have a good chance of living to old age.

## NOTES ON NORMANDY.

*(Continued.)*

By Dr. MORRISSON.

IN close proximity to Arromanches is

ASNELLES-LA-BELLE-PLAGE, a small bathing village, modern, and with excellent sands. From Arromanches to Asnelles is a pleasant walk, at low water, but beware of being caught by the rising tide. Omnibuses meet the chief trains at Bayeux. The Guide Couty recommends the Hotel Repos.

To reach our next place, either from Arromanches or Asnelles, it is necessary to hire a private vehicle, when a drive of some eight miles will bring us to

COURSEULLES.—Now ye lovers of the delicious bivalve, this is for you an oyster paradise. Beds of oysters border the small harbour, and several millions are annually despatched to less favoured localities. Woe to adventurous crabs that are found in an oyster-bed, for against them the attendants declare “war to the knife.” These wily crustaceans are as fond of edible bivalves as are the speaking bipeds, and their method of obtaining these dainties is what our Yankee cousins term “cute.” Oysters require air, and food; hence, at certain times of tide they open their capacious mouths, and, like Britishers of the ‘Arry type, imbibe largely. Experience soon teaches even crabs that the insertion of a claw inside the shell of a living bivalve is a hazardous proceeding, so they coolly cover their prey with a heap of sand. The oysters, gasping for air, open widely, and die. A sufficient time having elapsed for this, the crabs remove the sand, and devour their victims at leisure.

Courseulles would be a dreary place for a lengthened sojourn. There is no crowd, no casino, no cathedral. We did not even hear a band. Two jetties protect the entrance to its small harbour. An oyster room, or restaurant, has been built over one of the oyster beds, so that visitors may feast their appetites in full view of future victims. A short walk through the main street, past the old village church, and to the brow of a hill, brings into view an extensive tract of agricultural country, with the small river winding through a fertile tract, and an old mill in the foreground. Excur-

sions may be made to Bauville, and the Chateaux of Creully and Fontaine-Henri, but Courseulles is essentially a quiet family resort. We found the Hotel des Etrangers particularly comfortable.

Here is the terminus station of a branch railway from Caen, with its banquette carriages. Englishmen usually enjoy the novelty of riding on the tops of the carriages, provided the weather be fine. A sheltered corner there proves more acceptable than inside a stuffy compartment, and as the rate of speed about equals that of our ordinary Great Western trains, there is no risk of being blown over. In this way we passed the closely-adjacent stations of Bernères, St. Aubin, and Langrune, and arrived at

LUC-SUR-MER, a village of 1,500 inhabitants, ten miles from Caen. Here the unwashed of the great town come in flocks, or shoals, or crowds; and not without necessity.

Luc-sur-mer is sometimes fondly spoken of as *le Petit-Enfer*, the former inscription of a local sign-board. Frenchmen are notoriously partial to such names as *le Bon Diable* for their shops, but practically the quality ascribed to Luc-sur-Mer is a gross libel. Perhaps this place may ultimately deserve such a title, owing to the rapid increase of gambling saloons in French seaside resorts. At present it is an enticing place for bathers, with good hotels, eligible villas, excellent sands, and a vivacious company. Tourists wishing to inspect Caen should stay at one or other of these seaside places, and go to and fro by rail. Close to Luc-sur-mer is Lion-sur-mer, but as the rail branches off at Luc-sur-mer we follow its course, and in half-an-hour reach the historically interesting town of

CAEN.—This is essentially a city of churches, of quaint, old-fashioned frontages, of thrift and industry, and of dirty habitations. Its two chief hotels, d'Angleterre and d'Espagne, are nearly side by side in the narrow, smelly Rue Saint Jean. The Grand Hotel de la Place-Royale, is in a more open situation, but visitors to any of these must be prepared for the ordinary inconveniences of an inland French town. Were it, however, a question of a short sojourn or of missing an inspection of Caen, I should certainly say, Stay. No town in Normandy is of greater historical and architectural interest. At Bayeux, as at Coutances, there is one grand cathedral, at Caen magnificent churches abound. Foremost stands the Church of St. Etienne, otherwise called l'Abbaye-aux-Hommes,

founded by William the Conqueror, in 1066. A marble slab in the centre of the choir bears this inscription :—

Hic sepultus est  
invictissimus Guillelmus  
conquestor Normanorum dus et Angliæ  
rex, hujusce domus conditor  
qui obiit anno mxxxvii.

Beneath this slab now rests as many of the Conqueror's bones as have escaped a double spoliation of his tomb ; first by the Calvinists, and, in later years, by the Revolutionists. But the remark has been justly made that "the church itself is the mighty monarch's best monument." It certainly is one of the most, if not the most, noble of the ecclesiastical structures of Normandy.

A companion structure, historically speaking, is the Church of the Holy Trinity, or Abbaye-aux-Dames, on the heights of Saint Gilles. This was founded in 1066, by Matilda, wife of William the Conqueror, and is a fine edifice, though much inferior to St. Etienne. The choir is screened off. An inspection of certain of the nuns at their devotions forms one of the sights for visitors, a curtain being drawn aside for the purpose. It is certain that these nuns, in their neat attire, are as anxious to see visitors as visitors are to see them. In the centre of the choir is the tomb of Matilda, which is also seen when the curtain is drawn aside. Beneath the choir is a crypt, well worth inspecting. The sisters of this abbey belong to the Order of Saint Benoit, and are drawn from the highest Norman families. Their first abbess was Cecile, daughter of William and Matilda. We were told they never leave the precincts of the abbey, and their pallid features bore witness to the truth of this assertion. One of the lay sisters conducted us past the Hôtel Dieu, through the grounds, and by a winding ascent to the top of an artificial mound, from which there was a panoramic view of the town. In the dormitories and elsewhere everyone seemed well-cared for except the nuns, whose prison life is very detrimental to health.

The ancient church of St. Gilles, close to the Abbaye-aux-Dames, is now tottering to its fall. Were this in a small town or village, its renovation would be imperative ; in Caen its loss will not be seriously felt.

A building, over which a fate similar to that of St. Gilles is impending, is that of St. Jean, in the Rue Saint

Jean, near the Hotel d'Angleterre. Alas! for the ravages of time.

Unequalled in position, and magnificent in its architecture, with a forest of flying buttresses, stands the church of St. Pierre. From its well-proportioned tower an octagonal stone spire rises to a height of 242 feet. The exterior surpasses the interior. Saint Regnobert, one of the early bishops of Bayeux, commenced the first structure in the 7th century, but the present building dates from the 13th century. Adjoining the church is the Market Place. This is convenient, for, even on Sundays, worshippers can first pay their devotions and then pay their caterers, and having refreshed the soul, can refresh the body without loss of time. Visitors, who usually object to Sunday trading, can condone a few purchases by remarking that they are on foreign soil!

But, enough of the churches of Caen. There are numerous other structures of interest, such as old and historic houses. Unfortunately for antiquarians, these are steadily being "improved" out of existence or modernised. To enumerate those remaining, however, would be tedious. One spot of special interest is No. 148, Rue Saint Jean, the former site of the temporary home of Charlotte Corday, the heroine who delivered France from the savage doings of Marat by stabbing him while he was in his bath. Its place is now occupied by a more pretentious domicile.

Passing through the Market, beside the church of St. Pierre, we soon come to the Quay, with its array of shipping, including steamers for Dives (at the mouth of the river) and Havre. Our object, however, is the fine promenades which border the river. Along these we wander on and on, beneath the grateful shade, until a steep incline indicates our return route over the hill upon which stands the Abbaye-aux-Dames.

Caen is noted, in an Epicurean sense, for two dainties,—tripe and mussels. The former is a regular Sunday dish in all the hotels and restaurants; and the latter are supplied during the months of June, July, and August. In other cities in Normandy English visitors are regarded as gastro-nomic barbarians, because they turn up their noses at "tripes à la mode de Caen."

Of the library, museum, university, and other public buildings, little need be said, beyond that there is much

which is worthy of inspection. The same applies to the surrounding country, which has the thorough home look so characteristic of Norman-English scenery. Without, therefore, pretending to give anything like a full description of this historical city—the unvisited monuments of which must ever, with the casual visitor, exceed in number those inspected—we wend our way to the Paris-Cherbourg railway station, and are soon *en route* for “pastures new.”

Shortly after leaving Caen we notice, to our right, some stone quarries. These are the quarries from which most of the celebrated Caen stone has come. The excellent quality of this stone is proved by the present well-preserved condition of Westminster Abbey, one of our noblest ecclesiastical monuments.

Passing the villages of Bretteville and Andrieu, a journey of twenty miles brings us again to Bayeux. Thence, past Le Molay-Littry, we come to Lison, where we change trains, and, after passing three small stations, arrive at the ancient town of

St. Lo.—This town is prettily situated, chiefly on the sides of a steep hill, by the river Vire. Its church of Notre Dame is on the summit of this hill. From either of its twin spires charming views of the town and country may be seen, which gave me the first glimpse of anything rurally enticing. The exterior of this cathedral is decidedly imposing, but its interior is uninteresting. An early Norman church, that of St. Croix, has been restored, but the Abbey of St. Croix, founded by Charlemagne, has been destroyed. From the railway station, which is on the opposite side of the river to the town, the general view reminded me of Shrewsbury, minus the “Quarry” at the latter, though Shrewsbury would carry off the palm for picturesqueness. On the whole, the town of Saint Lo conveyed the impression of being a respectable, sleepy old place, where the over-worked might rest in peace and quietness. To see St. Lo sufficiently for purposes of mere inspection, it is sufficient to arrive by a morning train, break the journey, and proceed by afternoon train to the next chief town,

COUTANCES.—Fortunate is the tourist whose arrangements permit of only a day here, unless he can fare better than we did at its chief hostelry, the Hotel de France. This hotel has recently been put into general repair, for the building is old; but some of its inconveniences, such as closets in dark corners, adjoining the bedrooms, and

devoid of water supply, have been carefully retained. In addition, the living was by no means suited to English appetites, and we could touch few of the dishes which appeared at the breakfast table.

The town is well placed on the summit of a hill. Two parts which pleased us were the promenade and the public gardens. The latter are well worth inspecting. From them may be seen a large tract of fertile country, with a portion of Coutances in the foreground, and the new Granville railway, with its embankments and bridges, winding away into distance; but the great feature is the grand old cathedral—to my mind about the most imposing, exteriorly, of any which we visited. Its two chief spires form a conspicuous landmark, and in clear weather are visible from the eastern coast of Jersey. Moreover, its interior well repays one for a careful study. Its loftiness is most impressive, an effect heightened by the sombre gloom and the associations and records of many centuries. Not less impressive is it to see this ancient sanctuary crowded with devout worshippers, though a bassoon accompaniment or the weird reedy tones of an antiquated organ do not add to the impressiveness of the service. This cathedral is reputed to have been consecrated in the presence of Duke William (soon to be known as William the Conqueror) in 1056, though some writers consider this hardly probable.

Another old church, that of St. Pierre, is worth seeing, and the old houses and old-fashioned streets adjoining should not be missed. The interior of yet another church, that of St. Nicholas, seemed particularly well arranged; and this church contains one of the earliest statues of the Madonna and Child—said to be quite 500 years old.

A four and a-half hours' ride by diligence (for the railway was not quite completed), through an uninteresting section of country, brought us again to the sea-shore. We alighted at

GRANVILLE, with a feeling of relief, conscious that the interior towns are uniformly wanting in cleanliness and comfort. Not that Granville is a clean place. My first impressions were, in this respect, favourable. Alas! for human expectations. One has only to wander through the side streets, to inspect the old town, and to investigate other than the chief hotels, to dispel this illusion.

Let us mount to the High Town. Perched upon a rocky headland, this part dominates the whole, and may be



Of the women themselves Michelet has said, "they are the most beautiful in the world." This may be taken as a proof that his knowledge of the human form was very limited. I saw some very good-looking indeed, and prettily attired; but it is the children who are really pretty. Thus, if we take the standard of 100 for the six-year-olds, at eighteen they would rank at seventy, at fifty their position would be zero, and at seventy—I should rather not say.

So much for Granville. On the whole it is a place quite worth visiting—so thoroughly French in its people and manners. Stay, its people are reputed to have a tinge of Spanish blood to account for their supposed comeliness.

The chief town between Granville and the border town of Pontorson is

AVRANCHES.—This is beautifully situated on the top of a precipitous hill, and is a favourite resort of the English, both for residential and temporary occupancy. Overlooking the Bay of Avranches, and with some pretty scenery close at hand, it is a favourite with artists, especially of the foreigner admiring type, the artists to whom we owe the super-laudation of districts greatly inferior in actual beauty to the retired nooks and rocky headlands of our ever-verdant isle.

One special bit of coast scenery—in fact, the gem of Normandy — remains unmentioned. But Mont Saint Michel is so closely linked with Breton life, and so easily reached from Saint Malo, that a descriptive reference can well be deferred.

In regard to *climate*, without entering into details, I may say that the air of the coast region is dry and invigorating, and that fine seasons are the rule and not the exception. Even on hot, sunny days, there is a freshness in the air which is foreign to humid climates. Insect life revels in the summer warmth. On the cliffs near Arromanches butterflies congregate literally by thousands. Happily, wasps seemed comparatively rare.

The general aspect of the country districts visited is decidedly enticing; but the scenery has certainly been over-rated. There is a general appearance of thrift, the small fields being mostly fully tilled. Apple orchards abound, and the prevalence of hedges, albeit untrimmed, impart a home-like look, pleasing to both tourist and invalid.

St. Saviour's Road, Brixton Rise.

September, 1880.

ON COCCULUS INDICUS AND PICROTOXIN  
PRODUCING AND CURING EPILEPSY.\*

By DR. JOURSSET.

THE therapeutic truth proclaimed well-nigh a century ago by Samuel Hahneman obtrudes itself more and more on contemporary medicine.

Hatred and prejudice are powerless against facts; the experimental study of drugs and the law of similars are being evolved more and more from the works of our adversaries themselves.

The article on *cocculus indicus*, published in the *Dictionnaire Encyclopédique des Sciences Médicales*, shows that *cocc. indic.* and *picrotoxin* cause, on the one hand, in animals convulsive movements, recurring spasmodically, quite comparable to epilepsy and eclampsia, and on the other hand, cure epilepsy and eclampsia in man.

The first ideas on the action of *cocculus ind.* have come to us from the use made of it in catching fish by stupefying them.

Fish which have eaten bait containing *cocculus* are seized with gyratory movements; they describe circles, diminishing in size; then soon float motionless on the water; many die at length from this poisoning, and their flesh causes illness in persons or animals who partake of it.

Experiments were made on animals (cats and dogs) by Brunner, Orfila, and Goupil (of Nemours). These authors are agreed in recognising that *cocc. ind.* produces in animals attacks of epileptiform convulsions, coming on spasmodically, and separated by intervals of complete return to consciousness and voluntary movement. The attacks are more and more violent; the intervals shorter and shorter; and the animal succumbs rapidly during the convulsion or from collapse.

*Picrotoxin* produces very analogous effects. Subjoined is a *résumé* from Orfila, Mortimer Glover, Cayrade, Crichton Brown, and Planat of the symptoms produced on animals by *picrotoxin*.

The incidents of the poisoning present three distinct periods.

1st Period.—Dejection, restlessness, agitation, and terror; want of concord in action of movements; grinding

\* Translated from *l'Art Médical* by Dr. A. S. Kennedy, of Blackheath, S.E.

the teeth, salivation, distortion of the features, general tremor; acceleration of pulse and respiration; slight elevation of temperature; occasionally vomiting.

2nd Period.—In dogs, quick movement of recoil, then tonic spasms, first in the fore paws; then opisthotonos.

These spasms are rapidly succeeded by clonic convulsions, which invade the body from above downwards.

At the height of the attack the paws execute a sort of galloping movement, which causes the dog to turn on his axis. During this period there are foam at the mouth, biting the tongue, cyanosis of the lips and the tongue, involuntary emission of urine and fæces.

3rd Period.—Collapse, apparent death, decrease in the rapidity of the respiration and circulation, and lowering of temperature.

At the end of several minutes the animal recovers consciousness, raises itself, and commences to walk; but soon a fit stronger than the first seizes it, and throws it to the ground. Thus the attacks alternate with intervals of amelioration.

If the dose of poison has been strong, and the animal is going to succumb, the convulsive attacks become stronger and stronger, the intervals of repose shorter and shorter, and the animal dies asphyxiated during a convulsion, or by syncope during collapse.

If the dog is going to recover, the attacks are at longer intervals, and diminish in intensity, but sometimes a partial paralysis is left behind. Some symptoms yet remain to be noticed, which have escaped the general description, and these are—contraction of the pupils; congestion of the fundus oculi; bloody stools. At the autopsy the same lesions are formed as in persons who have died in a state of epileptic or eclamptic disease; the muscles present a considerable elevation of temperature, and a rapid loss of contractility.

Following our usual custom, we pass in silence the numerous and contradictory physiological explanations which have been given of the action of *picrotoxin*.

And now, in what diseases might we prescribe *cocculus* and *picrotoxin*? What can these convulsant poisons be good for? To cure epilepsy, eclampsia, tetanus, chorea, and all convulsive diseases. Here is how Dr. Ernest Labbé expresses himself with regard to the therapeutic application of *picrotoxin*:—"It is in convulsive neuroses

above all that it should be administered: epilepsy, eclampsia, chorea, tetanus, &c. Already we know that *cocculus* was anciently employed in these maladies, but altogether empirically. Nowadays, certain facts of experimental physiology are introduced into this application, from which the following theoretical ideas are derived. Planat admits, first of all, with Brown Sequard, that the medulla is the nodus epilepticus, the epileptogenic focus *par excellence*; then recognising that *picrotoxin* possesses an action, so to speak, on the medulla oblongata, he infers the possibility of a favourable modification of the nodus epilepticus by the active principle of *cocc. indic.*" (See p. 828.)

Verily! But then, surely, M. Planat is a homœopath, since he modifies the epileptogenic focus by a substance equally epileptogenic. If he was an allopath he ought to have prescribed an "epileptofugic" drug—*bromide of potassium* for instance. It is true that then he would be only using palliative medicine, whereas with *picrotoxin* he is employing a curative medicine. But, finally, one is either an allopath or he is not, and according to his principles the sick person ought not to be cured by it. Equally homœopathic are M. Ernest Labbé, who favours a similar doctrine, M. Delambre, who publishes them, and all the medical men—and they are already numerous—who apply them clinically.

I know that you do not regard yourselves as homœopaths, because you employ appreciable doses; but Hahnemann himself, during half his career, employed massive doses; and now-a-days, even many physicians of his school often employ massive doses. It is not the dose which makes homœopathy, but the experimental study of drugs on the healthy body, and their application to the treatment of disease according to the law of similars—*similia similibus curantur*.

Is it necessary to seek for the physiological explanation of the action of a drug which, though admitted to-day, will perhaps, be rejected to-morrow?

Stand firm, then, in positive therapeutics: take for the base of your indications that which is at the bottom of all hypothesis and of every physiological system—morbid phenomena, the totality of symptoms, and lesions—it is the solid and complete basis of the domain of observation; complete these indications by all known experimental

actions of the drug in healthy men or in animals. Have for your guidance in these provings the formula "*similia similibus curantur*" when you desire to cure. The formula "*contraria contrariis*," when you can only soothe, when you are reduced to palliation of a symptom, and you will be disciples of Hahnemann; you will then form part of that homœopathy, so much decried now. But console yourselves, you will be the therapeutists of the future, positive and experimental, which will be of more value than despoiling homœopaths, whilst continuing to rail at them; for, know well, for more than sixty years have homœopathists employed *cocc. ind.* in the treatment of epilepsy; and do not imagine that you will be able to clear yourselves of the reproach of plagiarism by the physiological explanation of the elective affinity of drugs, or by a figure of rhetoric about

"The lance of Achilles which healed  
The wounds which it made."

Hahnemann and his disciples in studying the action of *cocculus* on the healthy body recognised its epileptogenic function, and did not hesitate to apply it in the treatment of epilepsy. I will even say that *cocculus* is of little use except in that form of epilepsy which comes on unexpectedly in the morning, when the patient suddenly leaves the horizontal position to get up. In these cases I have obtained success even with scandalously small doses!

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## HOSPITAL OUT-PATIENTS.\*

### THEIR WAITING-TIME.

ENTRANCE for Out-Patients. Days, So-and-So. Hours, Such-and-Such. Men, At This; Women, At That.

This much: with a painted hand pointing emphatically in a downward and decided direction. And as comparison of regulations with time-pieces proved the time to be a time, and to be an opportunity (women's time, and women's opportunity), the grey stone stairs were descended, the grey stone area women out-patients had to cross was crossed, an area-door, that seemed likely, was opened, and there the waiting women, in their waiting-place, were seen.

\* Reprinted from *All the Year Round*, Dec. 25th, 1860.

The women were many, the order excellent. Indeed, all was so seemly and so tranquil, there was a sensation that a small domestic conventicle had been suddenly come upon; that acquaintance had been made with one of those home-meetings of the proscribed, where a few gathered together in the house of one, and the moving of the spirit was listened for eagerly. The reason was because benches ran from side to side of the small room, at regular intervals; because the benches had backs and foot-rails, comfortably and considerately (seeing that the patients were patients, and would be sure to be weak and weary); because the benches were all planted to look one way (except that inevitable single side-row); because there was a text or two hung on the walls; because such women as were newly entering slid themselves between the benches, and along the benches to the end, precisely as they would to seat themselves for worship, and precisely with the same hush and strict propriety. Pervading the place, too, was a certain darkness of the sort that seems to fit in (at any rate, conventionally) with Puritanism, or other non-conformity. And this was because this waiting-place was below the level of the street, with its light a half-light; that, being in a position that would be ordinarily the position of a London kitchen, it looked out on to paved yards, on to lime-washed walls, on to plain plank doors, on to grim appliances and utensils, whilst such looking out was spare and limited, implying a somewhat difficult looking up, if a wish existed to get the treat of undiluted sunshine, and a peep of open sky. Furthermore, the small apartment had a stone vaulted roof; was supported by slim pillars—which accounts for the association of ideas, fully; requiring only the additional fact that the general colour to be seen was drab; that there was nothing in the apartment to spare (barring the texts); nothing to move, nothing to disarrange; that all that was there was orthodox, prescribed, administered, was guarded against all chance of straying and innovation by a shape and ruling altogether conservative.

Good. And this much sketched in, attention must be given to the women. They were distinguished by silence, it has been said; by placidity and composure. So apparent was this, that though the apartment, in which there could have been seated some fifty altogether, were there pressure, was about three parts full, there was no more whisper, and no more murmur, than if three parts again of these had

been turned out, and the women reduced to three or four. Out of them, a few sat quietly knitting, which changed the conventicle aspect of the place, when there had been time for it to be perceived; out of them, one was attentive to her book, which might, by the way, have brought the conventicle aspect back; many of them were merely ruminating and contemplative; it was only a couple, or two or three couples, who were exchanging home-chat, or world-chat, making the low hushed whisper that was the sole sound that prevailed. Yet, in spite of the propriety and the impressiveness of this, as the women sat, looked at from behind them, in their straight and patient rows, a whimsical thought shot into the mind. What was there of suffering, it was, in front of each one of those backs? What was there on the other side of each of those woollen garments, of malady, of injury, of "tendency," or complaint? Here are the hind-seamings of a neat, tight, cloth jacket; does it cover a disordered liver? Here is a looser shawl; is it over a fatty heart? Then those bonnets presenting a back-view—all "crown" and "curtain"—entirely without suggestion or indication of the wearers visible from the front. Under this, is it neuralgia? under that, deafness? under those others, contusion, enlargement, "nerves"? Of course, could the poor women's faces, at this first introduction to them, have been seen, this somewhat too pathological and seemingly unsympathetic wonderment never would have come. Pallor would have been observable in one; over-redness in another; emaciation in a third; in others, the distortion, or the disfigurement, or the distress, that would have been some index of the owner's unenviable eligibility for admission, giving occupation for pity, and setting conjecture at rest. But here there were straight rows of faceless patients; there were straight rows of blank backs—stooping, some of them, or upright, or leaning for support. There were emotionless bonnet-heads; non-elucidating trimmings across the napes of necks; and there was evoked, just for the moment, a kind of aggravation of enigma, a sense of obstinate withholding of any knowledge or information, that provoked queer speculation, and—the record of the speculation stands.

Little harm, however, in the guessing, unavailing as it was. In a short time the solemnity of things changed. The women, growing used to the shy presence of each other, forgot restraint, and getting even less like invalids, became

like women assembled together to rest pleasantly, and to indulge in chat at intervals, to make the pleasure more. They did not do this with a kind of escape, all at once. It came on gradually, as relaxation always comes. The low hush of whisper deepened, say; then came half-audible enquiry as to the time, as to the weather, as to some similar topic that could be ventured part aloud. More women entered also, who had to ask leave to pass; other women chafed at the suspense of the waiting, and had to disturb others to get away. A little girl, sitting by her mother, and complaining that her hands were cold, and she could not "tat," or "foot," or drop one, stop one, slip one, whip one—or whatever was the technical mystery she was doing her best to master—gave at last the general touch that appealed to every nature, and proved how all were kin. Being invited to draw near the fire, she drew near; and then afterwards, going away again, she was spirited up to stray outside the door.

"Mother!" she ran back quickly and said, "the outer room is nearly full."

Commotion came from it all round. Some women sighed; some tapped out their impatience with their boot-toes upon the boarded floor; some simply folded themselves over afresh, to settle to a long wait again. One was nerved up to going to a house-porter she caught sight of passing, and to asking querulously whether it was her turn.

"I'll call you when it is," was the somewhat rough reply. "May as well wait till you hear."

Truly, and she did; for was there an alternative, except to go?

There was a woman of another character, though, bent on looking on the inevitable waiting from a much more cheery side. "Oh, well," she cried, "I told my husband I shouldn't be in till seven; and as he won't be wondering where I am, I have no need to care."

Seven! which seven was yet three hours and a half away. But such power has hopefulness, on the utterer if not the listener. The cheery outlook was not over yet, nor nearly.

"You see," the woman cried, for the general enlivening and appeasement, "we are bound to stop our turns; for counting the country patients, which they always take first, because they have to catch trains, and so can't get home as soon as we can who live near; and counting the new patients, which they always take next, it must be a long time before

we are come to, and can't be helped. And, dear me, if they don't see me soon"—and she was standing by now, with face turned, and it could be seen to be lighted by a happy smile—"I'll just send upstairs, and ask them to make me up a bed!"

She was no stranger to the institution; she was proud to let it be known, and, proudly, she proceeded.

"Yes," she said, ruminatingly, and looking lovingly up to the bare branches of a tree or two that were just visible by turning askew, "I was here for weeks and weeks. When those trees were full of leaves, and when I could see the leaves moving, and could hear the rain dropping on them, I was so comforted; it seemed to me just like the country. And so, you see, I shouldn't at all mind coming here again, if so be it came to be required."

Another incident of pleasantness from another patient followed. One of the back-viewed women, who proved to be a young woman, and a comely woman, and a gentle woman of her own good nature, when her face was visible and her manner could be noted, was being searched for by a friend, a patient also, and was recognised, and was made to look round by a quick light tap.

"I thought I should find you!" cried the brisk new comer, as young, and as comely, and as gentle as her friend; "I didn't like to go without. Are you better?"

"A good deal," she was answered. "But"—surprised—"you're not going, are you?"

"Yes," came the reply, with quite a little triumph. "I've been seen, and I am off, as quickly as I can."

"How nice for you," said the seated friend. "I'm so glad you're so soon. For myself, I'm afraid the doctors will go before it's my turn!"

The other patient smiled; both the patients smiled; they took pleasant leave of one another; and the one who was left sitting was as satisfied as the one who had gone, with not a speck of malice, envy, or the least uncharitableness, to mar her.

They were being treated gratuitously, it may be advanced, as reason for their patience and docility. Yes; but are there not people, and many people, receiving gift-horses constantly, who yet look the gift-horses in the mouth, from sunrise till sunset, hungry, almost, to find a defect on which they can take hold? The act of accepting, and the fact of giving nothing for what is accepted, therefore cannot

pass as cause for all the order and good feeling observable. But, then, can anything pass as cause, either, for the medical profession, out of all the professions, giving, at stated hours, a large percentage of its best skill without fee or thought of it? Do lawyers retain so many hours a week on which they see gratis clients? Do artists take free portraits, and present their pictures to the impecunious, having days devoted to unpaid sittings? Do singers instruct periodically and continuously in vocalisation, and remain unsalaried? Do instrumentalists? Do any? Yet doctors devote themselves in the manner that all these levées of out-patients at all the hospitals show they devote themselves; yet doctors do this as a custom of their profession, from which no member of it shrinks. The end of which is that medicine has a badge of nobility possessed by no other profession; that medicine, if it had not too much modesty even to have thought of itself as enjoying this uniqueness, might very well be proud of it.

Well, similar small incidents to those that have been already noted continue to come. The little girl, as it happens, continues to bring the most. She reports, every two minutes about, as to what it is o'clock; she reports that so many patients have walked straight into the other room, that so many have been attended to, and gone out; she invents a very methodical plan of meeting her mother when they have both seen their doctors, and they will be wanting to get away.

"I shall go in to Dr. Comma, you know," she arranged, "and you'll go in to Dr. Full-Stop. Then, when we come out, I'll wait for you at Dr. Full-Stop's door, and if you don't find me there, you'll come and wait at Dr. Comma's for me. Understand?"

It was a thing that might be understood, its difficulties not being special. And this was smilingly indicated.

More than a smile was given after though, when the child made her next announcement.

"Dr. Hyphen-Star has come!" she burst back and cried. "Mother, Dr. Hyphen-Star!"

When excitement ran round the whole assembly enjoyably, the patients roused themselves from their yawning, or their passiveness, or their docility, whichever was their mode, the patients became quite refreshed. One woman, though, made that old confession of her own obscurity by

the old mode of enquiring dreamily of the woman next her who Dr. Hyphen-Star might be.

"Don't you know?" she was met with, surprised. "Never heard of Dr. Hyphen-Star? Why, he'll soon be the leading man of any, so they say! His private practice is immense!"

Quite immense! seemed to be the improved, though inaudible chorus from all, with a sort of reflected pride. Business went on more briskly at any rate after the last arrival, because an additional officer (no matter what his chances) naturally led to additional expedition. The room, in fact, sensibly thinned before long. Into it there came such cries from time to time, and from the roughish voice, as "Numbers up to ten for Dr. Comma!" as "Patients for Dr. Full-Stop!" as "Any other country patients!"

Out of it went woman after woman, the familiar and the obscure, the child, and her mother, till it seemed well to go out also, and see what was the finishing chapter in their contented and well-ordered arrangement.

A larger room, that, at the first glance, seemed all that there was of innovation or variety; a much larger room, and many more women, so many more women that there were not seats for all; that women were standing in thick clusters, and in proper rows, *en queue*; that they were moving in rotation, or selection. But when the gas had been lighted, and things were understood, there was more difference than this to be noted. Certain ends of the room had been partitioned off as quiet consulting rooms; there was one of these compartments for each doctor on the staff; each was closely cut off and shut in from the rest of the room, and from one another; each had the name of the doctor using it, put prominently on it for direction; each had its attendant batch, or cluster, of patients waiting near by, so that they might go in numerical order, the instant a seen patient came out.

"There, it's your turn next," one of the waiting women, a happy, chatty little creature, said to a young girl, as she pleasantly manoeuvred her into place. "You stand there, ready. For your number is before mine, and then mine is next."

She might have been a railway-passenger, waiting at the pay-office to take tickets for the next excursion train, she was so cheery and—apparently—well; she might have had, moreover, plenty of provisions for a joyous journey, and

welcoming friends to wait for her at the end of it. Yet this woman had been struck with fright, or grief, or some cause that had affected the nerves of her throat, she unfolded, when she was gently asked; she had been struck with it so severely, it was thought she never could be cured; she had herself given herself up to death, and her sufferings had been intense. She was not well yet, as her presence there testified; for all that, well, it was only necessary to see her, and to hear her, to be aware of how she overcame the much that was remaining with her, and to be full of admiration. It is only necessary to add that, as she and the other women emerged from the consulting-rooms, seen and satisfied, they filed up, through barriers, to the dispensary; that they handed in their prescriptions and bottles patiently, through a sliding window; that they were attended to, quickly and compassionately, by a lady dispenser—this new branch of skilled female labour having been experimented upon at this hospital, and found entirely successful. That they then were told when they were to come again, and had only to pass out, finding their way up into the streets at another side of the building, through another area-door.

A short account, now, of the grey stone building, belonging to the grey stone stairs, and to the grey stone area, down and across which out-patients had to go. It is a building full of fascinating historical interest.

When Bolingbroke was sharing with Harley the honours, fugitive as they were, of Queen Anne's expiring government, with the Marlboroughs to wrangle about this, and Mrs. Masham to alternately help and foil the whole, profuse preparations were being made to receive a new ambassador, the Duc d'Aumont, from Louis Quatorze.

"We lost our opportunity to hire the Earl of Leicester's house for you," writes Bolingbroke, in French, to this expected and magnificent official, writing it on November 11, 1712; "which I am sorry for, because it will be difficult to find another that may suit you; however, I shall not fail to contribute my endeavours for that purpose."

The end of the endeavours was that the ambassador, with his retinue, with his ménage, with his ceremonies, his splendour, his lavish expenditure, his foreign refinements and graces, was taken to the very spot of ground where the out-door patients have been seen at waiting-time on this women's afternoon; and that, in full peruke, and buckram,

and powder, and face-patches, his excellency held his costly court there. It was Powis House then ; built by William Herbert, Marquis of Powis. This was the Powis who was with James the Second in Ireland at the Battle of the Boyne ; who was excluded by name from the Bill of Indemnity issued by William and Mary ; who was with the Chevalier when his mock-highness was proclaimed king at Warkworth, Morpeth, and Alnwick ; who was, for all this work and more like it, in 1715 committed to the Tower, and rendered unable, consequently, to do much residence at his own stately town-mansion in person. And Powis House was worthy of the choice that fell upon it by Bolingbroke, undoubtedly. Great Ormond Street, where it stood, and stands, was the resort then of those who loved the beautiful, and who had the leisure to go and seek it. Says a Critical Reviewer of the sights of the metropolis, writing even as late as 1734 : " Ormond Street is another place of pleasure, and that side of it next the fields is, beyond question, one of the most charming situations about town." Was it not fit for Bolingbroke to fix therein the elegant French peer ? Close by was Southampton Row, which the same Critical Reviewer says was " built for the sake of the prospect before it, but for my part, I should be uneasy at residing there, for want of shelter from the wind in winter, and the sun in summer ; " a state of things that must have given the ambassador a favourable idea of English climate, and have kept him pleasantly ignorant of London fogs. As for the house itself, as it was when M. le Duc was driven up to it after Bolingbroke had offered him a frigate or two to convey his equipage across the Channel, and the queen's orders for two ships then in the Downs, it must have been grand, for the ambassador was a grand man. " I expect you with impatience," wrote Bolingbroke to him from Whitehall, on September 26, 1712, just before the failure to hire Leicester House. " The king " (Louis the Fourteenth) " makes the Duc d'Aumont knight of his orders before his departure," writes De Torcy from Versailles to Bolingbroke, delightedly. " At present my time passes unpleasantly enough," writes Bolingbroke to the Duc himself, a year after, " but I hope to be recompensed during the four days I am to pass with you." " From my stable, among dogs and horses, in the midst of the most profound retreat, I have nothing to wish for to make me completely happy but the conversation of the dear Duc d'Aumont,"

writes Bolingbroke to him again. "Wherever I am, the Duc d'Aumont shall certainly not be forgotten. I embrace you a thousand and a thousand times; may I cease to live when I cease to be with perfect devotion yours," and so forth. All of which, of course, meant riches, and gaiety, superb entertainments, brilliant salons, and Powis House must have been of the sort to suit it. There was masquerading there—M. le Duc's own novelty. It was introduced "into this city in our time," writes Steele bitterly, in *The Free-thinker*, "by a French duke, whose chief business was to seduce us by specious appearances, and to undermine the virtue of the nation by such methods of luxury." There was gaming there—high gaming—for the Grand Monarque had to give his grand representative a sum of one hundred thousand livres, together with a pension of fifty thousand livres for four years, in order that his finances might, in some way, be set right after what has been justly called his vain, and ostentatious, and ruinous embassy. There was plotting there—plots about the Pretender, and plots about the peace, all of them so much identified with the Duc d'Aumont, in his lace and flippancy, his perfumes and plush lappels, that the anti-Stuart party, following the leadership of Steele (then M.P., and on his trial for anti-Stuart writings, and being voted to be expelled the House), became an anti-D'Aumont party into the bargain, and grew enraged. They sang ballads about this luxurious French Mounseer they hated—ballads in English, ballads in French, and scurrilous all; they met this luxurious French Mounseer they hated, and insulted him to his patched face in the open streets; they wrote anonymous letters, threatening the luxurious Mounseer that they would burn his hired Powis House about his ears; till at last there came small riotings from one small cause and another conjoined, and there was really heard the cry of "Fire!" from Mounseer's splendid residence, the flames leaped through it, and it was levelled to the ground.

The Powis House, therefore, in which out-patients have been seen to sit during their waiting-time, on this women's afternoon, is not the absolute Powis House to which Bolingbroke, and Harley, and the Abbé Gualtier, and Mesnager, and a throng of gay others, were carried, in sedan chairs and gilt coaches, during the occupancy of the Duc d'Aumont. This present Powis House is the one that was rebuilt after the fire; and touching the rebuilding there is

told a pretty story. It is said that Louis Quatorze, desiring to be beholden to no fire-insurance company for salvage money, or restitution money, or the like, and not conceiving it politic to adopt the suggestion that his ambassador's residence had been burnt of intent, insisted upon doing the rebuilding at his own cost. It is possible. It is said, though, that Louis Quatorze, in rebuilding, rebuilt to hit his ambassador's requirements. One of these was that his excellency should fish; and the king, it is asserted, had the new roof constructed so that it should hold an artificial pond, artificially stocked; by the side of which M. le Duc could hold his rod and lines, soothed by the charming prospect, and benefited by the fine air, and could angle, and could angle, and—be amused. It will not hold. For M. le Duc d'Aumont only held office for a year. Powis House could not have been inhabited by him, and burnt, and replanned, and rebuilt, in such an insignificant space of time; and—that part of the pretty little story goes.

The matter now left to be mentioned is confined to very small dimensions. In 1734, the Critical Reviewer mentions the rebuilt edifice thus: "Powis House is a building of much beauty and elegance, the lower part of it, in particular, has a very good claim to applause, but then the attic storey is monstrous, out of proportion, and no way akin to taste. To this we may add that the house itself is pent up for want of room, and stands greatly in need of wings to make it perfect and complete." The house itself, at the present day, being not nearly so much pent up for want of room, seeing that it has been much enlarged, stands only in need of being better known to make it perfect and complete. It is the Homœopathic Hospital for General Cases—for children as well as women and men—lying quite half a mile away from any other hospital applied to the same purposes, and whilst allowing for the wide difference of judgment that exists as to the advisability of homœopathic treatment—a question for discussion in medical journals, not in this—there can be no two thoughts about the advantage of instant application of skilful surgery the moment it is required; and as the difference between conveying an injured person to rest and relief near at hand, and conveying him over another half-mile of ground to get it, might prove to be the exact difference between life and death, it is well it should be remembered that there is this extra haven in Great Ormond Street, and that, exactly like

similar institutions, it has its doors hospitably open night and day.

Whilst the question of receiving paying patients in hospitals, too, is securing much public attention, the committee in Great Ormond Street are quietly taking paying patients in, and will be able in due time to report as to results.

## REVIEWS.

*Surgical Diseases and their Homœopathic Therapeutics.* By J. G. GILCHRIST, M.D. 3rd edition. Re-written. Chicago. Duncan Brothers. 1880.

THE scope of this work is thus defined by Dr. Gilchrist in his preface: "All true homœopaths will gladly lend their aid to hasten the time when a surgical operation, for the cure of a morbid affection, will be justly considered a confession of ignorance and incapacity. The present work," the writer hopes, "will have some little influence in this direction."

The author was lecturer to the Homœopathic College of the University of Michigan; and the lectures he delivered in that capacity form the ground-work of the present volume. In the preface to the first edition, dated 1878, he claims to be the first to give a systematic treatise on the application of homœopathic therapeutics to the treatment of surgical diseases. His work, he says, is "a Pioneer Work."

He starts with the principle that there is no such thing as *local disease*. Tumours, ulcers, and abnormal growths are but peripheral symptoms of a generally diseased organism; and surgical differ from other diseases, merely in the fact that the former are chiefly recognised through objective symptoms. There is, however, a difficulty in finding a true simillimum in such cases; for it is but rarely that a prover has been able to produce such manifest objective symptoms, *e.g.*, a tumour or an ulcer, in the course of his experimental provings. Indeed, it is among the clinical symptoms of a drug that we most often find an indication for its use in surgical cases. This work then is a guide to these clinical symptoms more especially. It indicates, for instance, what drugs have apparently cured cataract,—it is for the student to search in the symptomatology of these indicated drugs, for a remedy which shall be a true simillimum, taking into consideration the subjective symptoms, the constitution, diathesis, and mental peculiarities of the patient.

In the introduction, we find an enquiry into the nature and causation of disease. "Before an organ can become diseased there must be some change in the combination of its atoms,

This change may be one of *motion*, of *proportion* or of *quality*. Diseases commence on the atomic plane, they are at first merely functional, and proceed from changes in vital harmony." This theory encourages the author to maintain the curability of the most formidable surgical diseases, and gives additional ground for belief in the efficacy of attenuated remedies. For if disease be caused only by molecular and atomic changes, its removal must likewise be affected by promoting an alteration in atomic production, motion, or combination. And if disease is a phenomenon of motion merely, the quantity of the remedial agent can have but little to do with the result.

"Thus," says our author, "we must treat the individual, rather than the disease, and in true Hahnemanian manner address ourselves to the totality of symptoms."

Coming to the practical portion of the book, we find the first chapter treats of Inflammation. In describing the pathology of inflammation, the author quotes largely from *Holmes' System of Surgery*. In the matter of treatment he lays great stress on the exclusion of air, and the sparing application of water.

The second chapter is on Erysipelas. In its treatment Dr. Gilchrist rigorously forbids the use of alcohol, even in the worst cases of phlegmonous erysipelas; this he does in view of its secondary depressant effect. *Arsenic* is indicated in cases of septic poisoning. *Silica* also has in its pathogenesis a picture of the worst forms of phlegmonous erysipelas, with a tendency to extend in depth; whereas in, *rhus tox.* the tendency is to superficial extension with typhoid symptoms. *Lachesis* and *belladonna* are also useful, the latter when the heat is pungent and radiating; the former when the suppuration occurs in spots, drying into cheesy masses from which the skin peels off.

The chapter on Suppuration and Abscess follows. The remedies indicated are distinguished by the character of the discharge. thus:—*Arnica*, for hæmorrhagic effusion; *arsenicur*, putrid, copious, bloody discharge; *baryta c.*, lymphatic abscess; *belladonna*, offensive, scanty pus, thick and yellow; *calcareo carb.*, pus copious or scanty; *calendula*, laudible pus but too profuse; *carbo. veg.*, bloody and ichorous; *hepar s.*, for encouraging suppuration; *iodine*, hectic discharge, very profuse; *mercurius*, to arrest formation of pus in a threatened abscess; *phosphorus*, copious, yellow; *pulsatilla*, green; *rhus*, serous corroding; *silica*, brown, gelatinous or thin; *sulphur*, thin black and putrid pus, &c.

In discussing the cause and nature of pyæmia, Dr. Gilchrist describes it as a veritable toxæmia. In any case, the germ theory finds but little favour in his eyes. *Arsenicum* is here the sheet anchor. The great depression and prostration are very

characteristic of that drug. Puerperal septicæmia, under his treatment, seldom has a fatal result; and here he relies on the same medicine, with the addition of *rhus* and *silica*, &c.

In the treatment of ulcers all local applications are rigorously forbidden, except in varicose ulcers, however, where a plain bandage is admissible. The remedy is to be exhibited in a high dilution, not below the 30th. Nearly every remedy in the *Materia Medica* may, according to Dr. Gilchrist, be consulted. *Hamamelis virginica* is especially praised as a specific in cases of varicose ulcer, although its use is confessed to be merely empirical. Indolent ulcers are treated by a constant galvanic current, thus:—"A piece of silver foil is cut the exact size of the ulcer, and connected by six inches of copper wire to a zinc plate the same size. The silver is applied to the ulcer, and the zinc to the skin; a piece of kid, wet with vinegar, being between it and the skin." We have found Martin's solid india-rubber bandage applied direct to the ulcer very efficacious in the most inveterate and obstinate ulcerations of all varieties. There are four cases detailed, in which *carbo. veg.*, 30, *sarsap.*, *puls.*, 12, and *sempervivum tect.*, 1x., are credited with the cure.

In the different varieties of mortification, *arsenic* is indicated in cases of senile gangrene; *lachesis* where the disease is confined to the skin; *secale cor.*, 30, in chronic gangrene. In the treatment of bed sores, where, it should be remembered, spinal irritation plays an important rôle, *arsenicum* is the principal remedy.

In cases of carbuncle, the homœopathic treatment is very satisfactory. *Arsenic* here, too, is the main remedy. Severe pain may be relieved instantly by inserting a bit of caustic potash into one of the apertures. No crucial incisions are necessary. *Belladonna* is indicated if brain symptoms predominate, and *lachesis* when the ulceration spreads with much discoloration around.

Boils may sometimes be aborted by *arnica* internally, and whitlow by the external application of *iris versicolor*—so says Dr. Gilchrist.

The first part, that treating of general surgical diseases, concludes with the chapter on Tumours. The author has paid a good deal of attention to this subject, and has already published a treatise entitled *Tumours; their Etiology and Curability*.

With regard to operation, he says: "A tumour is only the symptom of the disease, and not the disease itself. It would be just as rational to cut out the pocks in small-pox, as to cut out a tumour and expect therefrom a cure." His arguments for delay in resorting to operative measures are weighty. His experience appears to have been considerable, and therefore he speaks with authority. He has seen "latent morbid processes at a distance

excited into activity by removing a tumour ;" as in the case of Bright's disease following the ablation of sebaceous tumours. He advises the surgeon at all events to wait till a tumour has attained its full development, when it ceases to grow, and the morbid process is extinct. He adduces instances of the hereditary nature of sebaceous tumours, and of fatty and other benign tumours ; of the transference of the morbid process from one place to another after excision. He therefore strongly urges perseverance in the exhibition of well-chosen remedies, for a protracted period, in all cases, even where it appears hopeless to expect any result except from an operation.

The signs of approaching cure are thus enumerated : " In, from one to six months the growth of the tumour will be stayed, and this period of quiescence will be followed by softening of the whole tumour. The skin will begin to itch and bite, the lymphatics will be readily traced and somewhat enlarged, the glands will be slightly tumefied, but there will be no real increase of pain, and the general health will improve. If such a result follow treatment, you may congratulate your patient and yourself on having made a cure on scientific principles, and you need have no fear of recurrence."

In the treatment of cystic tumours, the author speaks highly of the results of electrolysis, and cases of cure are related by *colocynth* 200, by *apis* 1, *platin.*, *graphites*, *calcareo carb.*, and *kali brom.*

The results of treatment in cases of epithelioma are very satisfactory. The principal remedies are *carbolic acid*, *hydrastis*, *kreosote*, *phosphorus*, *aurum*, *thuja*, *sulphur*.

Then follows a very interesting list of cases of true malignant disease which have been cured. The list is long and exhaustive, and is accompanied by full reference to the authorities quoted. In Dr. Gilchrist's own practice, *apis mel.* is credited with the cure of cancerous ulceration and of semi-malignant growths and small ulcers, with grey sloughs, deep, and running into one another, with erysipelatous inflammation of the skin. *Arsenicum iod.* seems better fitted than *ars. alb.* to cure easily bleeding foul destructive ulcers, characterised by pain deep in the interior of the tumour. It is also indicated in cases of lupus. *Baryta carb.* has been found useful in the glandular and atheromatous tumours of old people, and in cases of lipoma. *Silica*, however, in a high potency is our author's favourite remedy, and in his hands has cured more tumours than any other. He also uses it, together with *sulphur*, to complete the amelioration begun by other remedies.

Time and space forbid us to follow our author through the second part of his book. We would especially commend the

chapter on aneurism, that on bone disease, and the concluding one on syphilis.

With regard to the question of dose, Dr. Gilchrist asserts emphatically that, at least in bone diseases, the 80th centesimal dilution is the lowest that he has found really useful. In acute cases it is his practice to give a dose every hour; in chronic cases, one dose a day until some impression is made, and then the remedy is discontinued as long as any medicinal action continues.

Although a systematic work on surgery, and originally delivered to a class of students at the Michigan University, it omits all notice of operative procedures. It would have been a great boon to the English practitioner, at least, if it could have been still further abbreviated by the omission of much of the pathology and the descriptive and theoretical matter, and had been devoted exclusively, as its title indicates, to the homœopathic therapeutics of surgical diseases. There is a good deal of matter extracted from *Holmes' System of Surgery*, and elsewhere, which is not improved by the process of transplantation. Indeed the author's English, or rather American, is sometimes rather involved, and his meaning not very clear. Certain inelegancies of diction too crop up frequently. "*Morbus brightii*" looks uncanny; and so does "*Emu-genesis*." The latter, we should say, is the title of a work Dr. Gilchrist has passing through the press, entitled *Surgical Emu-genesis and Accidents*. However, it is evident the author writes from a thorough knowledge and wide experience of his subject, and possesses a robust faith in the efficacy of homœopathic remedies, which must prove invigorating and refreshing to all who consult his pages.

We feel sure that the sympathetic reader will rise from a careful perusal, with the conviction that there is no surgical disease, however formidable, which is wholly outside the range of homœopathic therapeutic treatment. It will have done a really good work if it encourages homœopathic practitioners to persevere steadily in the use of remedies, even when a case appears well-nigh hopeless. "More than once," says Dr. Gilchrist, "I have been on the point of giving up treatment and resorting to extirpation, when the tumour has suddenly commenced to disappear." We have ourselves recently seen two well-marked cases of epithelioma cured by homœopathic treatment, after they had been pronounced incurable by surgeons of eminence. Both made a complete recovery, although both were condemned to the knife, and one had already recurred after operation.

We fear that the homœopathic practitioner, in this country at least, is far too ready to transfer the cure of surgical patients into the hands of the orthodox specialist. No matter how serious or how slight the case, we believe that a homœopath has no right

thus to deprive his patient of all therapeutic aid in the treatment of surgical disease. For our most noted surgeons, those of whom we are most proud, and justly proud, seem to nourish a sovereign contempt for therapeutic means. "Give me Mercury and Iodide of Potash," says one of the most learned and eloquent of these, "give me Opium and Quinine, and you may throw the rest of the physic to the dogs."

It is with a feeling of mixed shame and indignation that one looks along the crowded wards of our magnificent hospitals and sees the amount of preventible suffering and disease. What splendid fields for enlightened therapeutic practice, lying waste or fallow; what harvests of clinical experience ungathered. When one thinks of the thousand suppurations without *hepar* to quicken, or *silica* to check, of the fevers without *aconite* or *belladonna*, of the bruises all *arnica*-less, the bone diseases without *silica*, the cancers without *arsenic*, and the strumous diseases without *calcarea*, shall we not register a vow that England shall no longer remain so far behind her American cousins, and that homœopathy shall ere long be adequately represented in the surgical hospitals of Great Britain.

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*The Medical Attendance on Poor and Rich in London and other large English Towns, compared with the same in Paris and other Towns.* A suggestion for the introduction of Dr. Passant's plan into England. By Dr. ROTH. Baillière & Co., London. 1880.

THIS pamphlet is a reprint, with a few additions, of the essay by Dr. Roth, which appeared in our December number. The importance of the topic discussed it is impossible to exaggerate. The necessity for making provision for sudden attacks of illness, and for accidents occurring at night, is a duty imperative upon all municipal bodies. A notion prevails that medical men are bound to obey every summons to attend a sick person, at whatever inconvenience or risk to themselves, and with, however, little probability of any remuneration for their services. No such obligation rests upon them. It is true that few, if any, would neglect to respond to such a call, but it is fully time that some such arrangements as those described by Dr. Roth should be made. Were they carried out here as they are in large Continental and some American cities, only those medical practitioners would be disturbed who were prepared to undertake such duty, and they would be ensured some sort of emolument. The British Medical Association has taken the matter up, and we trust that they will be able to carry Dr. Roth's views into practical operation.

*Dress: Its Sanitary Aspect.* By BERNARD ROTH, F.R.C.S.  
Eng. London: I. and A. Churchill. 1880.

IN this very well written and thoroughly practical essay, Mr. Roth points out the mischievous effects which arise from the use of clothing made to square with the notions of milliners and bootmakers, rather than with the requirements of nature. He shows clearly and fully that dress to be perfect, from a sanitary point of view, should be so arranged as neither to overheat or leave unprotected from cold any part of the body; it should be adapted to the sudden changes of temperature to which our climate is liable—and, for this reason, flannel should, if possible, be worn next to the skin; it should not interfere with the circulation of any part, nor with the free use of the limbs, and the respiratory movements of the chest and abdomen; lastly, it should not produce deformity, but should everywhere follow instead the natural lines of the human body.

Mr. Roth illustrates the principles he enforces by some useful plates.

We strongly recommend the careful perusal of this essay to everyone, and especially to ladies, and feel sure that if they will adopt its teachings they will be more comfortable and more healthy.

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## NOTABILIA.

### THE BIRMINGHAM MEDICAL INSTITUTE.

It will be within the recollection of our readers that at the formation of this Institute a strenuous effort was made to exclude from its membership all medical men known to practise homoeopathically. This attempt met with the fate it deserved. It was amply frustrated. By an ingenious manœuvre, however, the bye-law relating to the mode of admitting members was so framed as practically to place the election in the hands of a few. By this arrangement no notice was given to the candidate, or the members generally, of an approaching election, but at any time that the Committee saw fit a ballot box was placed in the library for a certain period prior to each committee meeting, and black balls to the extent of a third excluded a candidate. In April last Dr. Huxley, of Birmingham, presented himself for election. Ten members only out of the hundred and seventy voted, and of these, four being opposed, Dr. Huxley was refused admission. Again in December he applied. On this occasion twelve voted, but he still did not obtain the requisite two-thirds. In consequence of this Drs. Greene, Carter and Malins requested the President to call a meeting to consider the law of election. At

the meeting seventy-four were present, and after a stormy discussion a motion proposed by Dr. Johnston to the effect that any duly qualified medical man residing within fifty miles of Birmingham should be eligible for membership of the Institute on producing a certificate signed by six members—three of them being members of the committee—declaring the candidate to be a fit and proper person to enjoy the privileges of the Institute, was carried by 57 to 17. At a subsequent meeting held to confirm this decision, no opposition presented itself. Early in December Dr. Huxley's certificate of fitness was presented, and he is now a member of the Institute. We congratulate our Birmingham friends on the victory they have obtained over the narrow and persecuting spirit of a small allopathic faction.

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### THE HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

From the report of this Institution, a portion of which is sub-joined, we are glad to learn—1st, that the two dispensaries hitherto existing have been united, the medical officers being Dr. Croucher and Mr. C. Knox Shaw, M.R.C.S. Eng.; 2nd, we observe with pleasure that Hastings is not to be outdone by Bournemouth, but that the energy and zeal which have borne such admirable fruit in the one town are coming into play in the other, and that ere long a "Home" will be established in Hastings for invalids and convalescents among the poorer members of society.

The following extracts from the report will be found interesting:—

"During the year 716 patients presented themselves at the Dispensary for relief, and the total number of attendances recorded is 2,621, making an average weekly attendance of about 52 patients.                   \*                   \*                   \*

"The benefits conferred by the Dispensary could be largely increased by the opening of a Home in connection with it, for the reception of severe cases of illness and for those patients who may have to undergo operations.

"A lady has most generously given a donation of Two Hundred Pounds towards a fund for this Home, and further aid is promised from others. It is proposed at first to hire a few rooms, or, should the funds allow it, to take a small house for the purpose.

"Subscriptions and donations for 'The Home Fund' will be gladly received by E. O. Wollaston, Esq., 44, Pevensey Road, or any member of the Committee. Gifts of linen, blankets, bedding, &c., will be of great service and thankfully received."

## PRIZE OF THIRTY POUNDS.

DR. PRATER, whose generous gift of a prize in 1879 for the best collection of clinical cases, produced such excellent results, again offers a prize of £30 for the best collection of cases obtained from the various allopathic journals for the last 20 years, in which the treatment employed for the cure or relief of neuralgia and bronchitis was productive of harm instead of good. If in any of the cases *post mortem* appearances have any bearing on the question, these are to be noticed. Comments on the cases, and the injurious effects of the medicines, are expected.

Candidates to send in their essays on or before October 31st, 1881, to Dr. Dyce Brown, 29, Seymour Street, Portman Square, W. The adjudicators of the prize to be Drs. Bayes, Hughes, Pope, and Dyce Brown.

## INTERNATIONAL HOMŒOPATHIC CONVENTION.

## ADDITIONAL SUBSCRIPTIONS.

	£	s.	d.		£	s.	d.
George Norman, Esq. ...	1	1	0	Dr. Prater ... ..	1	1	0
Dr. Tuthill Massy ...	1	1	0	„ F. Black ... ..	1	1	0
„ E. R. B. Reynolds ...	1	1	0	„ Eubulus Williams ...	1	1	0
„ P. Proctor ... ..	1	1	0	„ Clarke ... ..	1	1	0
„ Wielobycki ... ..	1	1	0	„ Pullar ... ..	1	1	0
„ Samuel Brown ... ..	1	1	0	H. Harris, Esq. ... ..	1	1	0
„ Washington Epps ...	1	1	0				
„ Bryce ... ..	1	1	0		17	17	0
„ Scriven ... ..	1	1	0	Previously announced ...	46	4	0
„ T. McIlwraith ... ..	1	1	0				
„ J. M. Galloway ... ..	1	1	0	Total ... ..	£64	1	0

The above represents the subscriptions from 58 physicians and surgeons practising homœopathy. The *Homœopathic Directory* contains the names of about 800 practitioners of homœopathy. It is hoped that the 240 or more who have not yet sent in their subscriptions will shortly do so, as it is impossible to make arrangements for the coming Convention until the sum likely to be contributed is definitely known.

WILLIAM BAYES, M.D.,  
*Treasurer.*

21, Henrietta Street,  
Cavendish Square, London, W.  
15th January, 1881.

## BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will take place on the 8rd inst., at seven o'clock, when Dr. ROTH will read a paper on *Rickets*—a subject to which he has devoted much attention. Additional interest attaches to rickets just now, as it is a disease which has very recently been elaborately, if not profitably, discussed at the Pathological Society.

## CORRESPONDENCE.

### ON THE NATURE OF THE ACTION OF ARSENIC AND OTHER POWERFUL DRUGS.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—The late Sir John Forbes in his work entitled *Nature and Art in Disease* calls homœopathy a do-nothing system. But in this assertion he forgets that it uses *arsenic* and other powerful agents. I think that it would be useful to give some experiments *in detail* of the effects of *arsenic* when given in the smallest proportions. Forbes forgot too “catalytic action.” Long ago Berzelius proved the wonderful power of this, and it is no doubt often much concerned in fermentation and putrefaction (and hence in vital forces) in a way which we do not well understand. Nay, the chances are, that it is far oftener concerned in vital than in merely physical processes. Not only are we taught by the skin the wonderful power of mere contact, but even by the eye, when any person is within the range of vision. As we know so little even yet of the real nature of life, I hold therefore that *arsenic* and some other agents may possibly act by catalytic action only, but of course experiment should be brought to our aid on this point. The reflections of Dr. Whytt on instinct and involuntary motion have induced me to come to the conclusion that this force is not only far more sensitive than that which causes involuntary motion, but almost an unconscious power, except when extraneous matter either touches or threatens it, *i.e.*, when dust gets into the eyes; secondly, when a person seems going to strike them, and causes winking instantly, however much we (the voluntary power) may try to prevent it. In Dr. Beale’s *Protoplasm* (1874) are some facts tending to the support of this opinion, in which there is a section on “Contact Force” (p. 62).

Granting, then, that the involuntary force is far more sensitive to minute quantities of matter (as homœopathic preparations), we may also, I think, further add that it is a power different in its likes and dislikes from our voluntary conscious power. Hence homœopathic medicines may do this power good, though we may fancy, from tasting the pilules, that it could not do so, as we find nothing but a sweet taste in them. How often do drugs or food tend to make us sick, though we like the taste of them! The sensitive non-reflecting involuntary power is then affected by minute doses as if they were poisons, and yet these may not irritate us (the voluntary power) at all. *Experiment can alone decide* as to the powers of homœopathy, and not mere interested cries of “impossible” and low abuse.

I am, Gentlemen, yours, &c.,

H. PRATER, M.D.

## NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Mr. WILLIAMS's paper on "Bright's Disease" is in type, but we regret having been obliged to postpone its publication until next month. Our review of Dr. BURNETT's new work on "Diseases of the Veins" we are also compelled to defer.

Communications, &c. have been received from Dr. BAYES, Dr. ROTH, Dr. CLARKE, and Mr. C. DICKENS (London); Mr. BUTCHER (Reading); Dr. SHARP (Rugby); Dr. BURNETT (London); Dr. GUTTERIDGE (London); Dr. COOPER (London); &c.

## BOOKS RECEIVED.

*The Laws of Therapeutics.* By J. Kidd, M.D. 2nd Edition. London: C. Kegan & Co. 1881.

*Abridged Therapeutics, Founded upon Histology and Cellular Pathology.* By W. H. Schüssler, M.D. Translated by M. D. Walker. London: Elliot Stock & Co. 1880.

*Biliary Calculi, Perineorrhaphy, Hospital Gangrene, &c.* By C. H. Von Tagen, M.D. New York: Boericke & Tafel. 1881.

*Nephrectomy.* By J. H. M'Clelland, M.D. Philadelphia: Sherman and Co. 1880.

*Sammlung Wissenschaftlicher Abhandlungen aus dem Gebiete der Homöopathie, Herausgegeben.* Von Dr. Carl Heinicke. Leipsic: Schwabe. 1881.

*How to Use the Forceps, &c.* By H. G. Landis, A.M., M.D. New York: E. B. Treat. 1880.

*Transactions of the Hom. Med. Soc. of the State of Pennsylvania.* 1880.

*British Journal of Homœopathy.*

*Homœopathic World.* London.

*The Students' Journal.* London.

*The Chemist and Druggist.* London.

*Burgoyne's Monthly Journal of Pharmacy.* London.

*Medico-Chirurgical Quarterly.* New York.

*Homœopathic Times.* New York.

*Medical Record.* New York.

*American Homœopath.* New York.

*Hahnemannian Monthly.* Philadelphia.

*United States Medical Investigator.* Chicago.

*Therapeutic Gazette.* December. Detroit.

*St. Louis Clinical Review.* St. Louis.

*Homœopathic News.* St. Louis.

*L'Art Médical.* Paris.

*Bibliothèque Homœopathique.* Paris.

*Revue Homœopathique Belge.* Bruxelles.

*Allgemeine Homöopathische Zeitung.* Leipsic.

*El Criterio Medico.* Madrid.

*La Reforma Medica.* Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### OBSTACLES IN OUR PATH.

THE rule of progress is universal; nothing is stationary. Everything in creation is either progressing or retrograding, for in the processes of nature the cessation of progress is the commencement of decay. In religion the aspiration after progress to higher and better things is one of the great levers for the elevation of mankind. That church or sect which is content with standing still with folded hands is that which is most easily disintegrated by schisms or controversies.

In art, progress is marked by the greater refinement and the higher culture which characterise the works of its votaries.

Science, too, is, by the discoveries and observations of many noble intellects, being steadily raised from the misty uncertainty of conjecture to the clear light of fact, while the way is being pointed to yet more brilliant achievements in the near future.

New methods, new means, new appliances, new industries, indicate the steady progress of civilisation and culture in the world.

Medicine has shared in the wave of progression, almost, it might be said, in spite of its professors. Discoveries on discoveries have been forced on the attention of the medical world, and although at first derided, or, yet worse, persecuted as dangerous innovations, have at length been adopted, and been belauded to the skies by those who were their principal opponents.

We might pass in review the long procession of benefactors to the healing art, HUNTER, HAHNEMANN, JENNER, MURCHISON, SIMPSON, LISTON, and many others, and see their discoveries gradually assimilated into the practice of the time. Pre-eminent amongst them stands out the patriarch HAHNEMANN—revolutionist in the truest sense of the word. The more the world reviles a scientist, or rather the more his fellows revile him, the more should the true thinker be inclined to believe that there is truth in the theory which he advanced.

So has it been with that new gospel of medicine promulgated by HAHNEMANN nearly a century ago. Deep thinking, earnest men, after divesting their minds of the frozen crust of bigotry, have inquired into and carefully weighed the theory of homœopathy, and have boldly announced their acceptance of its tenets. As the century has worn on, this little band has grown, never faltering, never wavering, always aiming at progress in the art of scientific healing. During the present year the International Convention will meet in London, and mark, as it were, the height to which the tide of progress in homœopathy has reached, showing, in so doing, to the world at large that homœopathy is not the defunct or even moribund delusion which many of its opponents would fain delude themselves and others into believing that it is. This will be a kind of awakening such as awaits the ostrich after the temporary seclusion of its head in a bush !

Having regard to the near approach of this Convention, a little introspection will be good, showing us what obstacles to our advance must be removed in order that the good ship may glide smoothly on with favouring gales over the limitless ocean of progress.

Looking back through the records of homœopathic literature we find in the earlier volumes of this and other journals indications of that fervid spirit of enthusiasm which all disciples of a new doctrine evince on their first conversion. Cures were eagerly recorded, the properties of medicines discussed, associations formed, dispensaries established, the whole constituting a pleasing picture of progress. Is that progress extinct now? Assuredly it is not. The novelty of homœopathy has worn off, and it has been quietly accepted by multitudes of people who use its medicines as a matter of course, without calling any special attention to the fact or considering that they are doing anything unusual. There is a river in Yorkshire which takes its rise in a lovely tarn among the hills, and which, after a short course, vanishes from sight into a chasm of the earth, only to burst forth again at the base of a cliff with increased volume. Although lost to sight no one would be foolish enough to assert that it did not exist. So is it with homœopathy. Although perhaps not so prominently brought into notice as formerly, it steadily grows like the river, and will ere long burst forth with renewed vigour and ever extending influence. The obstacles to more rapid progress in the meantime are both external and internal. We will first glance at those of external origin; the chief of these are professional bigotry, public ignorance, and legislative inactivity.

Professional bigotry is as bitter to-day as it was in the beginning, and although we deplore its existence we see but few signs of its near subsidence. And yet there

is some slight change in its nature. Many of our opponents assert that they object not so much to the essence of homœopathy as to the name, and to the fact of our identifying ourselves with that name. Looking around the range of modern therapeutics one may recognise many of the remedies advocated by Hahnemann and his disciples, adopted into the practice of modern physic, used empirically, no doubt, but still none the less used, and admittedly used, beneficially. Yet although some learned professors gladly avail themselves of any hint of certainty in medicine, they would angrily repudiate the fact that they were in any way teaching or encouraging what a certain body of "wise and reverend signiors" term "the deception called homœopathy."

There are now, as there always have been, some few striking exceptions to this rule; men who have large minds, and who can recognise the fact, that it is possible we may be right, although perhaps we may not always think or act in accord with them. The bigotry of our opponents delights to find expression in ridicule, and, forgetful of the fact that "abuse is not argument," endeavours to scold homœopaths out of the assurances experience has given them, like naughty children. The medical press, although the mouthpiece of a so-called liberal profession, either wilfully perverts facts, or steadily represses any attempt at honest controversy on homœopathy. The effort to smother it, however, has been happily frustrated by the enterprise and public spirit of the first founders of our journals; so that, in place of being silenced, we have four periodicals, through which is spread the knowledge of our doctrines.

The second external obstacle is less serious. We allude to the ignorance of the public. A body which has all to gain and nothing to lose is generally pretty soon convinced

by anything which will benefit it. The cures wrought by homœopathy before their own eyes are doing more to dissipate the mists of public ignorance than any amount of erudite controversies or pugilistic polemics. Much of the half-comical ignorance abroad in our midst is due to the absurd definitions given of our law by our opponents. But this is an age of inquiry, and people no longer take anything as gospel on the word of a priest, whether of religion or medicine. They are beginning to reason for themselves, and assuredly when a man begins to reason on a subject, the truth breaks through the clouds which may hitherto have enveloped it. Homœopathy, in spite of the active and passive opposition of allopathic practitioners, is steadily permeating all ranks of society, and lightening the lesser ills of countless families throughout the land, whilst their so-called orthodox medical attendants remain in many cases in blissful ignorance of the fact. It is in this way that homœopathy is at present principally spreading; every family medicine-chest becomes, as it were, a centre or focus of proselytism. The good seed is thus being sown far and wide; and even now there is a field for labour far too large for the reapers. Many of these *sub rosâ* homœopaths are forced through pressure of circumstances to avail themselves of the services of their old allopathic attendant in case of serious illness arising, because they are out of the reach of a good homœopath, or, forsooth, because they are tender of the feelings of their family physician. Be all this as it may, the field of homœopathy is steadily widening, and public opinion is being educated to understand its enlightened practice and therapeutics. It is by the softening influence of time, and the warm air of personal experience, that the iceberg of public ignorance must be thawed.

The third external obstacle is legislative inactivity. England is one of the very few countries of note where

homœopathy is not legally and officially recognised. We might point to Austria, with its Leopoldstadt Hospital, to France, to Spain, to Mexico, to the United States of America. as countries in which it has been fully recognised already, New York State is possessed of asylums, hospitals, orphanages, supported by State funds and governed medically by homœopaths, under whose direction they are displaying the benefits of the therapeutic system of HAHNEMANN. Colleges and licensing bodies, recognised by State Legislatures, and a body of practitioners, numbering well nigh 6,000 members, bearing themselves nobly in the fray, all ranged under the flag of "*similia similibus curantur*." If homœopathy is a deception, then all these various governments are deceived in extending to it toleration or encouragement.

Look at our own colonies, in this matter far in advance of their mother isle. South Australia, with its homœopathic hospital, its mixed hospital, and one of its practitioners high in municipal and legislative honour. Look at Victoria, with its governor attended by a homœopathic physician, many of the members of parliament, and a majority of the judges! Are these men likely to be ensnared by a "deception"? Melbourne has a good hospital, and only recently the legislative body, without dissent, voted a plot of land and £600 towards the erection of a better building for the practice of homœopathy. Turning homewards, we find, with sorrow, that England, which we Britons pride ourselves is the capital, intellectual and political, of the world, still obstinately refuses to recognise officially the truth of the law of HAHNEMANN. Individually many of our senators and legislators have experienced, and know well the blessings of homœopathy, but, collectively, the nation has hitherto hardened its heart against us. Whether it continues to do so in the future rests in no small measure

with ourselves. Turn we now from these broad questions to the more delicate ones of obstacles to our progress, arising from causes within our own control. We may be blamed perhaps for probing thus the wounds of our body. We aim but at those blemishes which injure the frame, like the skilful operator who uses the knife only in kindness to his patient.

Looking round our ranks in the present day we find a want, *valde deflendus*, of that kindly *esprit de corps* which distinguished the fathers of the faith; there is a lack of that chivalrous defence of our opinions which was ready to step into the breach whenever occasion offered, forgetful of self, position, or aggrandisement. There is a reluctance to work for the cause at the cost perhaps of a little extra personal exertion, thus throwing a heavy strain on a few, which, if all were to bear a little, might be greatly lightened, and advantageously distributed. Under this head, too, we might, *en passant*, allude to the guerilla warfare raged between the high and low dilutionists. Without expressing any opinion as to the respective value of any special dose, we should try to bear in mind the fact that the law of similars is very wide in its application, catholic in its scope, and very far from having reached the limit of perfect completion in its medical application. We can reap our fill of slander and vilification in the allopathic journals, and should always try to approach these and other vexed questions in that spirit of calm inquiry which is ever displayed by seekers after truth. Let us at least show a united front to the foe, and give him no crevice in our armour wherein to plant his darts.

Another obstacle to our progress consists in an insufficient education in homœopathy. This will some day, we hope, be removed. The means at present in use, the School, the Hospital, and the British Homœopathic

Society deserve all the support we can give them. We do not intend to enter here into the relative value of our educational appliances. If each one of us individually would use his influence to help our institutions forward we should do much to remove this obstacle from our path. Some there are who appear to make State recognition a *sine quâ non* of any effort to publicly teach homœopathy. But think what we have to recognise! We are not, as in America, 6,000 strong; we have not yet, as in some colonies, the bulk of public opinion at our back. When we can point to a large hospital overflowing with patients, and supported by the influence and *clientèle* of every homœopathic practitioner throughout the land; when we can show flourishing dispensaries in all our large towns; when we can draw attention to the fact that the School of Homœopathy is honestly approved by all our *confrères* as the best mode of teaching homœopathy; when the public of England are as well acquainted with our practice as they are with that of our adversaries, then the time will have come when we can demand recognition and with reason expect to obtain it. The want of recognition is, we deem, one of the lesser obstacles in our path, one which will doubtless be removed, but one which we can bear longer than any other. The spread of unanimity and *bon camaraderie* in our ranks should be our immediate care, and at a time like the present, especially in view of the approaching International Congress, we should try to divert our thoughts from minor differences, and to devote all our energies to the spread of modern scientific therapeutics.

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## PREDISPOSITION.

By WILLIAM SHARP, M.D., F.R.S.

(Concluded from page 84.)

### IV.—*Force of Habit.*

HABITS of life differ in numberless particulars, and to extremes which would be incredible, if they were not facts. Watch the sedentary man and the fox-hunter; the literary man and the billiard player; the statesman and the cottager; the worker and the idler; the temperate man and the drinker; watch shades of character and modes of life as only a physician can watch them, and such an impression of variety and contrast will be made upon the mind as almost to bewilder it with conflicting emotions. Now, all these habits have force, some of them irresistible force over the man who is addicted to them; they cannot, therefore, but have relations of importance with the causes of disease; they cannot but greatly influence predisposition. This influence, indeed, will often be in opposite directions; it will sometimes greatly increase the susceptibility to the action of the exciting causes of disease; it will sometimes so strengthen the resisting power of life as to prevent their action altogether. And as of other causes, so of drugs; some persons become increasingly sensitive to the action of a drug till they can take it no longer, which is called intolerance; while others by habit can take even poisonous doses of drugs, as of *opium* or *arsenic*, without experiencing their usual effects, which is called tolerance.

Habits may belong to the mind, or to the body. (1) Mental habits, where excessive, increase predisposition to disease. These excesses may be in opposite directions. Only a few examples can be given, or this Essay will be too long. Excessive intellectual work deprives the important organs of the body of the amount of vital energy necessary for the performance of their respective duties: the stomach cannot digest food properly; the assimilation of this imperfectly digested food is impeded; the blood is impoverished, and as a consequence, almost every part of the body suffers. On the other hand, mental indolence is in other ways not less injurious. The habit of yielding to irritability of temper, or passionate excitement of any kind, does much bodily harm; slow suicides of this kind are not uncommon, and injurious effects also follow the

contrary habit of stolid indifference. Imperturbable peace is a rich blessing; cold insensibility is a sore calamity. (2) Bodily habits, if extreme in any direction, are exciting causes of some diseases, and predisposing causes of many more. Too much eating or too much drinking, or too little of either. Too much muscular exertion in either work or play, or too little. Too much sleep, or too little. Even the greatest and most lawful of all pleasures is not exempt from the evils of excess. How life is shortened by some of these bodily habits is too well known, and such bad habits cannot be sufficiently deplored.

Great mischief also arises from irregularity and mistiming of meals, sleep, and exercise. "Take food a little and often," is a favourite piece of advice with many doctors. It is surprising that they do not see how much harm is done when this advice is followed. Especially is it given to debilitated persons. How wrong this is would be seen, if it were considered that the stomach is weak, as well as the legs; and that we might as well tell a weak man to be always walking, as to be always taking food. Does not the stomach require time to rest and recruit its strength after the labour of digesting a meal (whether a large or a small one) as much as the legs need a chair after a walk, and before taking another? It seems to me to be great thoughtlessness to overlook this. Yet, how common the advice is, and to what an extreme it is pushed in illnesses, such as fever! Dr. Graves, of Dublin, wished it to be inscribed on his tomb, that he had "fed fevers." His beginning was good, but now a poor creature who is exhausted to the uttermost, is fed with strong beef-tea or jelly every half hour, till he is poisoned with food and dies! This is the re-action from the opposite extreme of sixty years ago, when patients in fever were starved to death. Dr. Curie, of London, having so treated patients, honestly treated himself in this way, and died. In the same manner, mistiming sleep is injurious, late hours being almost as bad as short hours. Exercise immediately after a meal is bad, though young people suffer much less from this than old ones do. So also fitful exercise, as on one day a week, is hurtful. Irregularities as well as extremes are bad, and every habit has a natural tendency to grow into an extreme. I remember a patient at Bradford fifty years ago who was dangerously ill, and to whom, as he was not improving, my uncle said, "You are

taking too much brandy—leave it off.” A few days later, there being yet no improvement, he said, “You are still taking brandy.” “No,” replied the sick man, “I have not taken a drop since you forbade it; but, Mr. Sharp, you said nothing about rum!” On the other side, the late excellent Joseph Sturge died suddenly of a weak heart because he could not conscientiously take one glass of wine.

### V.—*Age.*

The susceptibility to disease of the same individual varies in early, mature, and declining life. The predispositions of children are singularly characteristic: their intense vitality; their comparatively large development of brain; the rapid progression of everything connected with infancy. Hence their common diseases, cerebral, nervous, and inflammatory; as hydrocephalus, convulsions, diarrhoea, fever. The liability of children to some diseases is so great that they are commonly called the diseases of childhood, such as measles, whooping-cough, and scarlet fever, of which so many thousand children die. With these diseases is coupled another surprising fact—the exemption from them in after life, when they have once been passed through. All these are facts of daily observation; but of their causes and nature, how they are taken, and how they are afterwards avoided, we know nothing as yet. Another peculiarity in the predisposition of children is seen in the remarkably powerful action of minute doses of some drugs commonly supposed to have, as medicines, little or no action at all, as silica, carbonate of lime, sulphur; and the opposite of this in the comparatively slight action of other drugs known to have energetic power over adults, as calomel.

Predisposition to disease in mature life is characterised by diminished force, or it is better to say, the resisting power of the living body in middle life is in its highest stage, though even now there are warnings around us sufficient to subdue presumption. In “the Visions of Mirza,” looking at the great bridge of seventy arches, he says: “I saw several of the passengers dropping through the bridge into the great tide that flowed underneath it, and upon further examination, perceived there were innumerable trap-doors that lay concealed in the bridge, which the passengers no sooner trod upon but they

fell through them into the tide, and immediately disappeared. These hidden pit-falls were set very thick at the entrance of the bridge, so that throngs of people no sooner broke through the cloud but many of them fell into them. *They grew thinner towards the middle.*"

The tendencies of old age are as strongly marked as those of childhood, but in a very different direction. Feebleness of heart, ossification of arteries, failure of muscles and the consequences of this, stiffness of joints, impaired digestion, loss of sight, hearing, and other senses, the "lean and slippered pantaloons." Especially is the beneficial action of medicines more difficult. "Old material is not so soon repaired as new, and do what we may it will wear out." The hidden pit-falls were "multiplied and lay closer together towards the end of the arches that were entire. There were, indeed, some persons, but their number was very small, that continued a kind of hobbling march on the broken arches, but fell through one after another, *being quite tired and spent with so long a walk.*" In this sad picture of the infirmities of age there are not unfrequently three redeeming features: one intellectual, one moral, and one religious. Of the mental condition I have just now read this, in a letter of a man aged eighty-three: "I am the old man . . . but, with the exception of great deafness, have all my faculties as before. Indeed, I can enter into what I read better than I ever did, see into the *pros* and *cons* of an argument, and the abundant fallacies and misleadings of much popular writing." Of the moral character, it is sufficient to quote the sacred words: "The hoary head is a crown of glory, if it be found in the way of righteousness." And of the Christian's hope, that his body of weakness and humiliation, though like a grain of wheat, "it is sown in dishonour, it will be raised in glory."

#### VI.—Sex.

"So God created man in His own image; male and female created He them. And God blessed them." For it was not good for man to be alone, even in paradise; but it is good for man to be manly, and for woman to be womanly, all the world over. There is no interchange possible between the strength to labour in the one, and the beauty to charm in the other. They are bound together by love. They can never be set up together on a pedestal of

uniformity and equality. All such schemes have upon their fore-front the impress of folly, and carry with them the necessity of failure. It is obvious that these physical differences between men and women must be accompanied by differences in their predisposition to diseases. An observant physician soon becomes aware of these distinctions, and of their importance to him in practice. There are ailments common to both sexes, as those of the respiratory, digestive, and locomotive organs; there are some peculiar to men; and there are many peculiar to women. It must suffice here to remark that there is scarcely any ailment of woman over which her feminine nature does not exercise an influence, which can never be safely overlooked by her physician. When diseases do come, men are much more nervous about them than women, and women have much more endurance of them than men; so that a disease which will kill a man in a few weeks will often be borne by a woman for months or years. Some medical men think that there are drugs specially adapted to the diseases of men, and others to those of women; certainly there are many drugs admirably fitted to cure the ailments peculiar to women. It is not wise to try to ignore or to level, either in health or in sickness—in proving drugs in health, or in prescribing them in disease—the distinctions between the sexes. Man and woman are each superior in their own situation, and their only rivalry should be that of affection, and devotion to their respective duties, which are different and often quite distinct. We cannot wish for our fellow-creatures any happiness in this life greater than that every man should have his own wife, and every woman her own husband, and that they should fear God and love one another. Marriage makes them one: but for our present purpose they are widely separated.

#### VII.—*Previous Diseases.*

We are very ignorant. The influence which diseases have upon predisposition is very great; but in such different directions that we are made to feel our ignorance of its manner of acting very impressively. Illnesses such as measles, scarlet-fever, small-pox, whooping cough, leave an immunity behind them so well established that it is known that subsequent exposure to their causes seldom takes effect. On the contrary, attacks of such diseases as ague, and the various kinds of inflammation, leave an

increased liability to fresh attacks from exposure to their causes. Again, there are other diseases, as typhoid fever, which, without leaving the sufferer more liable to a second attack, often give his constitution a shock from which it does not thoroughly recover. He is reduced to a level of life's energy lower than that on which he stood before this first attack. These facts are important. That they are not turned to more practical account than they are, arises from our ignorance. We know nothing of their causes, nor of their connection with the phenomena to which they are found attached. Whooping cough and bronchitis touch each other on more than one side; their seat must be very much the same; their kind, as far as we know this, seems to be similar, though differing in regard to the presence or absence of spasm; and yet the first belongs to the class of diseases which prove protective from further recurrences, while the second belongs to the class in which the predisposition to repetitions of similar attacks is intensified. We consider a child who has had scarlet-fever, or measles, or whooping cough, safe from a repetition of these, though living in their presence. We say that an old man, who has had his first attack of bronchitis, ought to be more careful than before, not to expose himself to the causes of it: but as yet we have learned scarcely anything besides from these facts. There is much room for further observation, experiment, and discovery, here.

The most serious heritage left us by a former illness is a morbid change in the structure of the organs in which the ailment has been seated, and which we call organic disease. For example: It frequently happens that rheumatic fever leaves behind it disease of the heart; this adds seriously to the danger and difficulty of cure of a subsequent attack of rheumatism. The legacy bequeathed by some illnesses consists in an unhealthy condition of the blood. Typhoid fever is an example of this formidable evil. To know that *titanium* is a good remedy for this condition of the blood is something to be thankful for.

The study of previous disease leads to the examination of individual organs. This, again, reminds us that each organ has its own mode of life, its own kind of inflammation, its own manner of healing, and its own predispositions. This is a vast subject, and would reward the devotion of a life to its elucidation. It cannot be entered upon further in this Essay.

### VIII.—*Previous Medication.*

The time is still in my memory when patients were so saturated with drugs that these would make their way out of them through the skin ; when guineas and gold watches would be coated with mercury and take on a hue which suggested that a conjuror had been reversing the dreams of the alchemists ; when wet sheets wrapped round the body would show, on being taken off, many of the colours of the rainbow. Notwithstanding the remonstrances of Sydenham, patients have continued to suffer grievously from the prodigality with which medicines have been given them. It may be hoped, but it is not to be expected, that such destructive treatment has been discarded for ever. Indeed, excessive treatment with drugs is still, to some extent, going on, and predisposition is affected by their presence in the body. A few years ago Dr. Rutherford Russell told me of some cases he had had in whom salivation had been produced by exceedingly small doses of mercury. I suggested to him that this effect might have been caused by mercury previously taken in large doses. He said : “ I have never thought of that.” Drugs may be taken till the organs on which they act become intolerant of them, so that very small doses will produce an exaggerated effect. On the other hand, others may be taken till they have scarcely any effect. In the old school it is well known that opiates cease to procure sleep, stomachics to keep up the appetite, purgatives to open the bowels, tonics to give strength. And in the new school it is found that those who take medicines in small doses too frequently blunt their edges, so that the good effects at first experienced can no longer be obtained. This is specially the case with domestic treatment, where medicines are spoilt by being taken too often, and by several being taken quickly one after another. Some years ago a lady called upon me for advice. She told me her story, the latter part of it being a triumphant narrative of all the remedies she had given herself. She had taken her box of medicines three times round. I said : “ I am very sorry, but I am not able to prescribe for you.” The lady rose up in great indignation. “ What do you mean ? Am I going to die ? ” “ No, you are not going to die ; you have taken the medicine which I think would have cured you, and you have so blunted its edge by mixing it with others that if I gave you it now it

would fail, and we both should be disappointed." When care is taken not to abuse a medicine in this manner, it seems never to lose its effect. My first experiments in homœopathy were upon myself. I had suffered for many years, as many medical men do, from indigestion. *Pulsatilla* benefited me surprisingly, and it has continued to do so, whenever it has been needed, for thirty years; it seems to be as efficacious now as it was at first. Previous medication, then, is a matter to be inquired into in the examination of patients, if we would, as far as possible, escape disappointment.

### IX.—*Present Disease.*

Enough has now been said on the patient and his predispositions to render it possible to draw some conclusions; but before doing this it seems necessary to say a few words on the patient's present disease. When any one consults a physician, he expects to receive an answer to three questions: First, he wishes to know what his ailment is? Next, to know what are the probabilities of his recovery? And then, what can be done to cure him? The thoughts which have been gathered up in this Essay are the preliminary information; the physician must now proceed to the present position of the case before him; he has to make his *diagnosis*.

The older method has been to discover, if possible, the internal morbid condition, as well as to notice the outward expression of this condition by symptoms. When we have Hahnemann and his followers to deal with, we are at once brought face to face with a great contradiction. They say the symptoms are sufficient, we have only to make a correct inventory of them; and when we have found a corresponding inventory of symptoms in the provings of a drug, we have the remedy. This difficulty has been considered in former Essays, but it continues, and deserves notice again. (1) If a comparison of the symptoms of disease and of drug is all that is required, there is no need for a medical profession; a layman by taking pains may learn to do this quite as well as a doctor. (2) Answers to two of the patient's questions cannot be given, for neither *diagnosis* nor *prognosis* are possible. (3) To escape this dilemma it is now allowed that pathology is necessary. "I fully agree," says Dr. Harmar Smith, the latest advocate of Hahnemann's

method, "with Dr. Yeldham as to the value of pathology in regard to diagnosis and prognosis; without it they would not have a leg to stand upon." Then, if it is the only basis of these two essential parts of medical knowledge, there is a manifest fallacy in a "protest against the undue place given to pathology in its being recognised as the true basis of therapeutics."\* (4.) It is contended that our present knowledge of pathology is too imperfect to constitute this basis. In former Essays it has been replied, that this is an argument for seeking to improve our knowledge, not for refusing to use the knowledge we have; and if our knowledge is sufficient as a foundation for diagnosis and prognosis, it ought to be useful for therapeutics. Until our pathological knowledge is more perfect, it may be remembered that an *anatomical basis* of therapeutics has been recommended. If there are morbid actions of which we do not yet know the nature, we may generally find out *where they are going on*. (5) May I point out that there are two things which should always be distinguished—pathological theory and pathological fact. (6) Homœopaths, who try to be pathologists, are placed in a great dilemma—Hahnemann's provings of drugs are simply a record of symptoms. Such provings are well adapted to his plan of comparing the symptoms of the patient with those of the drug; but they fail to help the pathologist. It is not possible to learn the pathological action of drugs from these provings. Even the anatomical seat of drug action cannot be learned with any certainty from them. For five years I tried to learn this, but could not. (7) These facts show that the proposal made by Dr. Yeldham in his Presidential Address at the Leeds Congress (1880), for a committee to be appointed to purge the *Materia Medica* of Hahnemann of useless symptoms would be a great mistake; it is not practicable, and even if, by immense labour, it could be done, it would be a failure. Dr. Yeldham insists upon the necessity of pathology; while making his proposition he must have forgotten that the symptoms in Hahnemann's *Materia Medica*, so far from being connected with the pathological conditions which cause them, are of set purpose detached from them. In another sense, also, the effort would be a failure—the symptoms, as given in the provings, are not

\* *Monthly Homœopathic Review* for December, 1880.

connected with doses ; and so the contrary action of larger and smaller doses would neither be illustrated nor refuted. Neither *Organopathy* nor *Antipraxy* can rest for their support upon the provings of Hahnemann. (8) It follows that new provings are a pressing necessity—who will undertake them ? Experiments on living animals can never be successfully substituted for them. Besides other weighty objections to these experiments, the considerations which occupy this Essay reveal an insurmountable difficulty. If the variations in predisposition are such an important element in the study of the action of drugs, as we have now seen them to be, the enormous differences in the anatomy, physiology, and habits of life of dogs, cats, rabbits and frogs, as compared with ourselves, must throw the whole subject of experiments with animals into inextricable and hopeless confusion.

The best knowledge we can get of the patient himself, his antecedents and predispositions, both as to the structure and functions of the various organs of his body, and also of the state of his mind ; and then of his present malady, should be sought by us. To this should be added our knowledge of remedies ; and all this knowledge should be turned to account in the replies given to the three questions our patient wishes to ask us.

### *Conclusions.*

From the data given in this paper several important conclusions may be drawn ; among them are the following :—

1. Predisposition can exist only when life is added to an organised body. This necessity is universal. Life varies in energy ; hence the first cause of the variety of predispositions.

2. Predisposition can exist only when an organised body is added to life. Organization varies in each individual ; hence the second cause of the variety of predispositions.

3. Predisposition is universal ; *i.e.*, common to the human family. It may be recognised in each person as the same property ; nevertheless, it differs in each individual.

4. Predisposition is local ; *i.e.*, each organ has its own predispositions ; and each has its own variations. To the

science of the anatomy of each organ, and to the sciences of its physiology and pathology, must be added the science of its predispositions.

5. Predisposition is one cause of the local action of the exciting causes of disease. The various ailments produced in different persons by exposure to the same degree of cold, as noticed in an early part of this paper, is a sufficient illustration.

6. *Predisposition is one cause of the local action of drugs.* For example: *belladonna* will give one person a headache, another inflamed eyes, another a sore throat, another a scarlet rash. It is often said that the provings of a drug by one person will not give its entire action; the reason is that the exciting cause may remain the same, but if the predisposing causes vary, the results will differ. The cause of the local action is not inherent in the drug alone, but is shared by the predisposition.

Rugby,

Dec. 30, 1880.

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## A RECORD OF TWENTY CASES TREATED ON THE PRINCIPLE OF HAHNEMANN'S LAW OF SIMILARS.

By JOHN H. CLARKE, M.D.

(Concluded from page 95.)

### CASE XV.

Cardiac Disease. Aneurism (?)—*Spigelia* 8.

IN this case the symptoms pointing to the presence of thoracic aneurism induced me to give *baryta carbonica* in the first instance, as Dr. Flint's case had been recently published, although I did not follow him in the preparation used.

As this failed to give relief, *nux vom.* was prescribed as corresponding to the general state. This, however, failed also to reach the root of the disease; and then *spigelia* was given with immediate and marked benefit. The giddiness on motion, palpitation on exertion, with breathlessness and choking sensation, depending on deficient innervation of

the heart, the pain at the heart, and numbness of the left side, were the chief indications for the remedy. Compare the following from Allen :—

“Great weakness of the body after walking.” “Sleeplessness.” “When walking he becomes dizzy.” “Tearing constriction in the lower part of the chest, above the pit of the stomach, with oppression; afterwards, also, beneath the pit of the throat with palpitation.” “Palpitation and anxious oppression of the chest.” “Violent stitch in the left side, just beneath the heart.”

Aug. 13, 1879. J. B., 37, single; lath-render; fair, florid, shiny weather-beaten-looking complexion; middle size.

*Family history.*—Father and brother asthmatical.

*Social history.*—Has been a hard drinker, but not of late. Is at present a total abstainer.

*Previous health.*—Good up till 17 months ago. Says he was taken ill suddenly “like a corpse.” He was at that time exceedingly nervous, and afraid above everything to go to sleep.

*Present illness.*—Dates from 12 months ago. It came on gradually. For 18 weeks past he has been attending the East Suffolk Hospital as an out-patient, but received no benefit. He was discharged, and “relieved” was put on his discharge-paper. This so angered him that it brought on an attack of palpitation and breathlessness, which compelled him to sit down for a quarter of an hour before he was able to proceed home.

He complains of a choking sensation at the throat, and a smarting pain at the heart. It is worse some days than others. He has giddiness, headache, and noises in the ears. There is a constant gnawing pain in the left side of the chest, and weakness of the left shoulder and arm. He has palpitation and shortness of breath.

Tongue clean; bowels confined; appetite poor; sleep bad; pulse feebler right side than left; pupils equal; sight the same in each eye.

Suspecting aneurism, but having no time to make a thorough examination, I prescribed *baryt. carb.* 6 pil. 3 h.

Aug. 20. Not so well. Giddiness and choking very bad. The only pain he complains of is a dull aching in the precordia.

*Examination.*—Both sides of chest resonant; inspiration jerky on the right side; heart sounds somewhat muffled,

but otherwise normal ; left radial pulse stronger than right. Tongue clean ; bowels confined. He has numbness of the left arm.

*Nux vom.* 1, pil. 1, 3 h.

Aug. 27. Same. Left pupil larger than right. *Spigelia* 3.

Sept. 3. Has been a good deal better until to-day. Took milk for supper last night. To-day breath is short, and he feels choked ; bowels regular ; appetite has been better. To have gruel for supper. Repeat.

Sept. 10. (In my absence he had an attack of diarrhœa, for which he received *china* 3.)

Sept. 24. Choking the same ; palpitation better ; can work much better ; he is not so giddy.

*Examination.* Right interscapular space is shade duller than left. Breath sounds same as before ; also cardiac sounds ; the first is muffled. *Spigelia* 3, as before.

Oct. 1. Better. Has only had pain once. Breath still short on extra exertion. He is much stronger than he was ; appetite very good. He can stay at work all day, which he has not been able to do for a long time. Repeat.

Oct. 8. Improving. Repeat.

Oct. 15. Has no pain ; slight attack of giddiness to-day ; breath is short. He has been working harder. There is very little of the choking sensation now. Pulses stronger ; pupils nearly equal. Repeat.

He continued to take *spigelia* till the beginning of this year (1880), keeping at work all the time, and living a life of comfort, "enjoying his meals" as he had not done for months. He went away for a holiday at Christmas time, and came back none the better for it. The fogs tried him, and any mental excitement, more especially anger, was sure to throw him back. I have not seen him since the 20th of January, so I presume he has not required attention. At any rate this much is certain, that from the 27th of August until the middle of the next January a steady improvement in all respect took place, attributable only to the action of *spigelia* 3, and that from life being a burden to him, and work always a trouble, and often broken in upon, he was enabled to enjoy life and work his full time.

#### CASE XVI.

Neuralgia.—*Spigelia* 3.

The next case is an example of the action of *spigelia* on the sensory nerves.

April 30, 1879.—A. I., 75, sailor. Has had neuralgia a fortnight. The pain is all down the right side of the face, affecting the eye. It is worse by eating.

Tongue clean ; appetite good ; bowels regular ; mouth dry in the morning. *Spigelia* 3, pil i., 3 h.

May 7. Sent word to say that he was greatly relieved, and was so much better that he had no need to return.

May 21. Has had a little return of the pain. It still affects the eye, but eating makes no difference to it now. Repeat.

He did not return, but I hear he has since been quite well.

#### CASE XVII.

Axillary abscess. Absorbed without incision or breaking.

*Hepar sulph.* 6.

Feb. 22, 1879. Mrs. W., 37, hawker. Dark olive complexion ; thin hair.

She complains of a lump in right arm-pit, which has been there since the beginning of the winter. It came with the first frost.

Tongue clean. Bowels regular. Catamenia regular.

She had one child 15 years ago ; has had none since. Her hair fell off when the child was born. It only lived a few minutes. Her husband has a fistula. She is always cold ; suffers from cold feet.

There is a gland the size of a pigeon's egg in the axilla, hard, tender to the touch, with cord-like ducts proceeding from it upwards and downwards.

Considering the probable syphilitic history, I chose, in preference to other medicines that specially affecting glands, *merc. iod.* 6, pil., 3 h.

Mar. 1. Gland is larger, more painful, softer. She has no appetite. Sleeps badly.

As there was evidently suppuration going on, and as the *merc. iod.* had had no appreciable beneficial effect, I resolved to give *hepar*. One of the symptoms of the latter, given in Allen, is "The glands in the axilla suppurate." *Hepar sulph.* 6, pil. 1, 3 h.

March 8. Gland larger and softer. Fluctuation distinct. Not nearly so tender. Can move arm much more freely. I advised her to have it opened, but she was quite pleased with it as it was, and refused. Repeat.

March 15. Gland much smaller. Very little pain or tenderness. Softer. Repeat.

March 22. No fluctuation. In place of a single swelling three separate glands can be felt. There is no tenderness. Appetite poor. Bowels confined. Repeat.

March 29. The lump has nearly all gone. Repeat.

She had no occasion to return. Of the presence of pus in the swelling I have not the slightest doubt. The pain soon left after the *hepar* was given, and the resolution and absorption of the swelling quickly followed.

### CASE XVIII.

Helminthiasis with fever, simulating pneumonia—

*Cina* 1.

The following is an acute case, and it might be objected that it was merely a case of ephemeral fever which would have subsided of its own accord without medicine of any kind. This, however, I do not think probable. The symptoms of the presence of the parasites were very marked, even though the chief one—seeing them—was wanting. This, coupled with the speedy disappearance of all the symptoms under *cina*, to the pathogenesis of which they correspond most closely, confirms me in the belief that the case is a good example of medicinal action.

Oct. 4, 1879. Wm. M., 7. Thin, dark, grey eyes; restless. A very active boy. Subject to bilious feverish attacks.

*Family history.*—Father healthy, but not a strong man, mother delicate, suffers from chronic bronchitis.

*Social history.*—Working people, but decently comfortable.

*History of attack.*—Has been ailing a week. Went to school yesterday, not feeling well; came home ready for his dinner; went again in the afternoon, and came home crying with pain in his side. He was sick in the evening. His mother gave him *senna*. Bowels moved twice. He was feverish all night, and cried with pain in his side.

I found him complaining of pain in the left side of the chest round to the back, pain in the left iliac, and lumbar regions. There is no abdominal tenderness. He can extend his legs without pain. He has a dry cough.

Tongue dirty white. No appetite. He is very thirsty. Pulse 136, temp. 102.4., resp. 56.

*Examination of chest.*—Right side is slightly bulged. There is no dulness either side anteriorly. Posteriorly the lowest fourth of the left lung is duller than the right, but there are no moist sounds. The breathing is feeble; cardiac sounds normal.

I diagnosed pneumonia in the earliest stage, and gave *tinc. phos.* 2, 1 h.

Oct. 5. Much the same; pulse 132, temp. 102.6, resp. 54.

Had a very bad night; coughing and screaming; referring the pain to several places, principally to the left haunch, and angles of the lower left ribs. He cannot lie on the left side. The only physical sign is the dullish patch at the left base, where the breathing is extremely feeble. There is no friction.

His nose has bled freely this morning. He was delirious in the night.

Tongue white, dry; bowels not moved.

I now learned from his mother the following additional facts. For some time past he has been excessively ravenous for food. It has not been possible to satisfy him. His sleep has been very restless; he grinds his teeth. He picks his nose and bites his finger nails, which are all painfully short. The bowels are very loose as a rule. His mother has never seen any worms, but has never had an opportunity.

*Tinct. Cina* 1, 1 h.

Oct. 6. Very much better. Pulse 80. Respiration quiet and easy. Was better yesterday about 5 p.m. Remained the same up till then. Had a good night. Has very little pain. The skin is cool.

*Examination.*—No difference in resonance of the two sides of the chest can be discovered, and the breathing is alike in both. Bowels moved yesterday in the evening. Repeat.

Oct. 7. Good night. He still coughs, and has pains in the side when he does so. Tongue clean. Bowels open. No worms. Physical signs negative. Repeat.

Oct. 8. Very much better in all respect. Repeat.

Oct. 10. Well.

### CASE XIX.

Ulceration of the mouth, salivation, swelling of tongue (after measles).—*Merc. cor.* 6.

CASE XX.

Croup, with ulceration of the mouth, &c. (after measles).

*Spongia* 1. and afterwards *merc. cor.* 6.

These two cases, which I have bracketed, were in children, the two youngest—3 years, and 16 months respectively—of a large family, the parents being very poor.

Before narrating the cases I will make a few extracts from the pathogeneses of the two principal medicines employed.

*Mercurius corr.*

“Gums swollen and spongy.” “Tongue white, and so much swollen that he could not protrude it.” “Swelling of the lips, tongue, and throat.” “Severe inflammation of the mouth and gums, with constant flow of clear water from the same.” “Ulceration of the mouth.” “Copious salivation.” “Lips greatly swollen.” “Lower lip considerably swollen, and a small blister on the inside of it.” “Lips dry and cracked.” “Stiffness of the jaws.”

*Spongia.*

“Hoarseness.” “Hoarseness increasing so that she can only speak with difficulty.” “Cough and coryza very violent.” “Difficult respiration, as if a plug were sticking in the larynx, and the breath could not get through on account of the constriction of the larynx.” “The eyes suppurate.” “Gums swollen and painful.” “Accumulation of saliva.”

CASE XIX.

Oct. 25, 1879. Frank D., 3. Fair hair, blue eyes. Has had measles. Has been free from the rash a fortnight. It left him with ulcerated mouth, which has gradually been getting worse.

He received the usual domestic treatment of dosing with “saffron tea.”

I found him sitting in a chair, a pitiable object to look upon. Face swollen and pale, and wet with tears and saliva, which are flowing copiously. Corners of the mouth ulcerated; also gums. There is a deep crack in the fold of the chin. There is great fœtor from the mouth. The eyes are sore and bleared looking. He has a cough.

Suspecting cancrum oris, I gave *tinct. merc. sol.* 6 and *tinct. hepar sulph.* 6 in alternations, the latter more especially with a view to controlling the bronchial irritation.

Oct. 26. Much the same. Still salivated. Takes milk well. Repeat.

Oct. 27. Is very irritable. Lips swollen. Angles of mouth deeply fissured, the cracks having thick white edges. Saliva continues to run from the mouth. Chin excoriated; under lip ulcerated. Tongue so swollen he cannot put it out to be examined. No hard spot to be felt in the cheek.

I now changed the prescription to *merc. cor.*, which I thought more closely allied in its action to the nature of the disease, as both the elements of the drug have a specific affinity for the buccal mucous membrane, and organs of the mouth. *Tinct. merc. cor.* 6, 2 h. A wash of solution of borax for the mouth.

Oct. 28. Rather better. Not so much salivation. Chin healing. Can see into the mouth. Inside of lips ulcerated, but not deeply. Glands in neck enlarged. Not so feverish. Is very cross. Takes milk well and beef-tea. Repeat.

Oct. 29. Had a very good night. He can eat this morning. Repeat.

Oct 30. From this time he progressed very rapidly, receiving no other medicine, and he required no further treatment after Nov. 1.

#### CASE XX.

Oct. 25, 1879.—Walter D., 16 months, fair.

Was attacked by measles eight days ago. Had a sore lip before it came on. It left him with sore eyes—one is now completely closed—with croupy cough, sore mouth and throat, making swallowing very difficult; salivation and nasal catarrh; face swollen and pale.

I prescribed for him as for his brother, *tinc. merc. sol.* 6, and *tinc. hep. sulph.* 6, 2 h., alt.

Oct. 26. Cough not so bad; no choking at night; not so croupy; mouth the same; much fœtor. Repeat.

Oct. 27. Not so well. Had a bad night with cough and choking; mouth the same; lips more swollen; very fretful; his cry and cough are husky; he has no proper voice.

Considering the croup symptoms to be now the most urgent, I gave *tinc. spongia* 1, 2 h., borax wash.

Oct. 28. Rather better. Salivation better; breathing better; cough not so husky; he was nearly suffocated in

the night ; he could not get his breath ; is not so peevish ; takes milk well. Repeat.

Oct. 29. Had a good deal of choking in the night. Is sleeping well this morning. Repeat.

Oct. 30. A little better. Repeat.

Oct. 31. Better. Not so choked ; much clear stringy phlegm has come up ; mouth much better ; lips not so swollen. Repeat.

Nov. 1. Had a very good night. Is very much better generally. Repeat.

Nov. 3. Very much better. Cough not so bad ; sleeps well ; takes food better ; begins to notice his brothers ; mouth still sore. Repeat.

Nov. 5. Better. He can cough now (vocally), though still rather hoarse ; right eye still inflamed ; mouth still sore. Repeat.

Nov. 7. Much better. Voice has returned, both in coughing and crying. He is still salivated, and the mouth is still ulcerated. *Tinct. merc. cor.* 6, 3 h.

Nov. 10. Very much better. Mouth nearly well. His mother finds that he has cut a tooth since he has been ill. Repeat.

Nov. 15. Mouth quite well ; appetite better ; bowels much confined ; otherwise quite well. For the constipation I gave him *tinct. kali bich.* 6 t. d.

I have cited these two cases in spite of the fact that in the first instance more than one remedy at a time was given, as it is only for the action of the single remedies that I wish them to stand.

When I first saw the children there seemed little hope of their recovery, at any rate without permanent disfigurement, and the case of the younger was almost desperate. The remedies to which the disease in the two cases responded so well, as will be seen by comparison with the pathogenesis quoted above, was accurately homœopathic. It may be objected in the case of the elder that the *borax* wash may have had more to do with the cure than the *merc. cor.*, but this, I think, is answered by the fact that the same thing did not happen in the case of the younger who was having the *borax* wash used at the same time, and who continued to be salivated and suffer from sore mouth in spite of it, until the *merc. cor.* was given when the symptoms speedily disappeared.

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## CLINICAL CASES OF BRIGHT'S DISEASE.\*

By LEMUEL E. WILLIAMS, M.R.C.S. Eng.

GENTLEMEN,—In choosing Bright's disease for the subject of my paper to-night, I was influenced more by a desire to open a discussion and to canvass treatment of this important class of maladies, than by a conviction that the cases I have collected present any exceptional or novel character. It would indeed be difficult to exaggerate the importance of the persistent presence of albumen in the urine to the system at large. It may be said to involve the issue of life or death from its first appearance, and even in the later stages the permanent well-being of the patient, the vital integrity of almost every organ, the due performance of every physiological process of the economy, and the very nature of its component tissues. I pass over its mere transient manifestations to consider albuminuria proper—*i.e.*, an initial pathological change in the structure of the kidney. It is to Bright that we owe most of our knowledge of this organ, for where formerly doubt and chaos reigned, we see it now occupying a definite and distinct position in organic disease. Later still, by the aid of the microscope, the *utile et dulce* of diagnostic research, we are enabled to gain and maintain important information of its successive structural changes.

The first case that I have to bring to your notice is one of the acute inflammatory form—desquamative nephritis, a scarlatinal sequela. A. E., aged 9, one of four cases of scarlet fever, exhibited on the twelfth day dropsical symptoms. At this time the patient was extremely emaciated and anæmic, with a scrofulous family history, and unlike the others, which made rapid recoveries, remained in this debilitated condition. The skin was harsh, dry, and rough, persistent and severe frontal headache, no rigors or chilliness. Tongue dry and cracked, but clean, Appetite poor. Extreme thirst at times—temp. 101, pulse 130, quick, hard, and small. Severe shaking cough, with greenish lumpy expectoration. Occasional nausea and vomiting. Physical examination showed thick râles at both bases, and dry harsh breathing at the apices. Respiration embarrassed, no dulness. Heart sounds quick, sharp and somewhat weak, but otherwise normal. There is great

\* Read before the Liverpool Homœopathic Medico-Chirurgical Society.

puffiness of face, obliterating entirely the facial character, and pitting of extremities on pressure. No irregular abdominal dulness, considerable distension. Complains of pain in the loins. The urine is very scanty, passing about 4 oz. through the night—dark smoky colour with a considerable red sandy sediment; sp. grav. 1029—acid. Heavy smell and almost solidifies on boiling. Microscope reveals numerous blood and epithelial cells and casts, with some crystals of uric acid.

Ordered *arsen.* 3x. 2 drops every two hours. Patient to be put between blankets and to have the familiar vapour bath. Diet exclusively milk. Next morning the patient was considerably worse. Her appearance was dull, heavy, and apathetic, and she was inclined to delirium at night. Has passed no urine for the last ten hours, altogether in the 24 hours only 2 oz. Some dulness over sides of abdomen. Skin burning and dry. Pulse 140, respiration much quickened. Breath sounds at base much fainter and weaker, and there is evidently less than the normal resonance on percussion. She is exceedingly prostrate, inclined to faint on being raised, with severe attacks of retching after food.

Ordered *tereb.* 1, 2 drops, and *canth.* 1x., 2 drops every two hours in alternation. Poultices to loins, and the vapour bath, if fainting do not supervene on being raised.

On the following day she was manifestly improved. Less drowsy and heavy in appearance. Breathing easier and slower, and stronger on auscultation. Within four hours of taking the medicine she passed 6 oz. of urine, and altogether has passed 10 oz. The same medicines were continued to the sixth day, when the excretion of urine was almost normal, but it still retained the same microscopic character and a great quantity of albumen, considering the increased amount of urine voided. *Arsen.* 3x. was then substituted, with milk and meat broth diet. The urine continued in excess of the normal amount for some days, the commencing basic pneumonic symptoms clearing up, and the urine evidencing not the slightest trace of albumen on the twelfth day, leaving, I may thus presume, the kidney intact, and probably no more than ordinarily liable to disease.

The next case was similar to the foregoing in its first stage, but unlike it in that albumen was present in the urine

for two months, thus endangering its integrity by threatening to develop into the large white kidney. The urine at this time exhibited signs that this change had actually commenced, the epithelial casts being replaced by granular ones in some cases, and in addition there was distinct and increasing ascites, the patient having more than one attack of bronchitis, and developing an obstinate train of dyspeptic symptoms. Her general condition indicating a grave prognosis. The usual remedies were tried, but failed to diminish the albumen, or improve the general state of the patient. *Fer. mur. B.P. tinct.* 8 drops every 3 hours was prescribed, and soon after there was rapid improvement. The mucous tissues losing their anæmic pallor. Patient gaining in strength and weight, and the albumen disappearing entirely from the urine, leaving, as far as was then ascertainable, the heart unaffected.

I cannot say that the iron was given from a conviction as to its homœopathicity, but more as an empirical remedy, though remembering that the condition of the blood is one of the principal determining and perpetuating causes of albuminuria, and the extremely anæmic state of the patient, there may still remain justification for the treatment pursued.

With respect to the medicines for the treatment of scarlatinal Bright's disease, *arsenicum* is generally credited, I believe, with being the foremost, though I am inclined to think that *terebinth*, or *terebinth* and *cantharis* are superior to it in the acute condition, when we have the function of the Malpighian bodies, *i.e.*, the excretion of the watery part of the urine, held in abeyance, and the tubuli uriniferi choked with proliferated epithelial cells—conditions fraught with evil consequences to the system at large. It is here that *terebinth* is best calculated to do the one thing needful for the safety of the patient—restore the excretory power of the kidney. In estimating, too, the relative value of *arsen.*, *tereb.* and *canth.* the time that each takes to affect the kidney is a point of some importance, and it will be found that, whilst the two latter act immediately and specifically on the kidney, *arsen.* seems to act somewhat doubtfully at first, at one time producing excessive urination, at another diminution, or even in rarer cases not affecting it at all until near death, yet nevertheless in the later stages of slow poisoning producing a condition closely resembling chronic Bright's disease; furthermore, hæma-

turia and a state of stupor are commonly evidenced after *terebinth*, whilst the mind generally remains clear in arsenical poisoning almost to death, and hæmaturia is only occasionally induced. If we compare the symptoms, which may be said to be an index, as it were, of the diseased state of the kidney, we should still find that the symptomatology of *terebinth* closely resembles an acute attack of Bright's.

One other remedy, *apis*, greatly praised by some for its good effects, I have found somewhat uncertain in its action where scarlatina has been the predisposing cause of the nephritis, though in an attack after measles, where the subject was a flabby, transparent-skinned boy, and where the urine was diminished but not suppressed, I have seen it act well.

My next case is one of acute Bright's disease, resulting from exposure and wet. I was called in to see the patient in the evening and found the pulse 120, temp. 102, and complaining of great chilliness. He had had a thorough wetting the previous day whilst driving a van. He seemed a fairly nourished and healthy man, about 35, and as far as I could ascertain not addicted to drinking. There is one point in connection with these cases resulting from cold of some interest, viz., the well-marked rigors, or at least series of chills that distinguish the invasive stage, whereas in post-scarlatinal dropsy I have not been able to obtain the history of a rigor, and at most have not noticed more than a slight chill, the patient seeming to lapse suddenly from a state of debility to one of dropsy, evidenced at first by a smoky tint of the urine, or perhaps a slight puffiness of the lids or legs; and herein we may possibly search for an explanation of those cases where Bright's disease has succeeded scarlet fever, when there was no possibility of patient having taken cold, the kidney condition being more or less an integral part of the fever, and due directly to the infective process of the disease itself.

To resume the patient's present state. The skin was dry and hot. Tongue clean and cracked, with desire for cooling drinks. Severe pain in forehead. Appetite poor, with occasional nausea. No abdominal dropsy or tenderness. Mind quite conscious. Physical examination of the chest revealed dry harsh breathing, reminding one of Stoke's stage of pneumonia. Breathing laboured and quickened but

no pain or cough. Heart sounds quick but healthy. No abnormal cardiac dulness. Urine was scanty with thick sediment, but no decided signs of blood—complains of no pain in back. The face has a natural appearance, with, perhaps, some puffiness of the lids, and the areolar tissue generally does not show signs of pitting on pressure. I was doubtful as to the further development of the case, but decided to give *aconite* 1, every two hours, and to examine the urine, the clear supernatant part of which I found to have a smoky tint, and on boiling to deposit a considerable sediment of albumen. At next morning's visit patient had passed a fairly comfortable night, but showed decided dropsical signs about the face and body generally. He now complained of great heat and thirst, and the urine, voided more frequently, has still the same character: less sediment, but darker in colour. Ordered an exclusively milk diet, poultices to loins, and *terebinth* 1 in alternation with the *aconite*, every two hours. Continued thus to the third day, when the *aconite* was dropped. On the eighth day pulse had fallen to 100, temp. to 99. Excretion of urine has increased to normal, but is still highly albuminous. Intellect continues clear, and dropsical state greatly decreased. There is loose cough, with moist râles at both bases. Gave *arsen.* 3x every three hours. He continued improving till the nineteenth day, when the albumen had disappeared from the urine entirely, and only anæmia and debility remained, the heart being then intact.

I have next to record one other case of acute Bright's disease occurring in a young man, aged 21—John C. Patient is a stout, flabby subject, the tissues nevertheless being very anæmic. There is general dropsy of the areolar tissues, with pitting on pressure over the whole surface, and in addition considerable ascites. Great dyspnoea. Tongue dried and furred, white at the edges. Severe shaking cough, with tough yellow expectoration. Increased thirst. No appetite. Great debility and depression of spirits, with palpitation. Mind lethargic. Physical examination—heart, distinctly hypertrophic, having the peculiar upheaving action, and increased area of dulness and impulse. First sound at the apex disguised by murmur. Second well accentuated. At aorta first sound is sharp. Lungs markedly emphysematous. Thick râles over whole chest area. Urine, less than normal quantity, acid, sp. gr. 10.18, clear, albuminous, with epithelial

and fatty casts. *Arsen.* 3x. was given for seven days, with milk diet and vapour baths. The bronchitis then became so severe as to demand exclusive treatment, and *kali bic.* 3x. was prescribed with slight benefit. Patient's state continuing critical, on consultation *iodium* 1 and *bell.* 1 were substituted, the condition of the throat demanding the latter remedy. These were continued till the bronchitis had almost cleared up, and at a further consultation *terebinth* 1 was administered with a view of treating the dropsical condition. There was slight general improvement after this medicine had been given for three weeks, more as regards the dropsy than the kidney itself. He soon, however, relapsed into a worse state—the bronchitis returning with orthopnoea, the legs becoming infiltrated and inflamed, and the heart causing great distress. *Arsen.* was again given, with *phos.*, *kali bich.* and *kreos.* as intercurrent remedies, for chest and dyspeptic symptoms, and he again rallied a little, but it soon became a hopeless struggle against the secondary complications of the malady, patient succumbing at the end of four months from an attack of apoplexy.

The previous history of the case points to an acute attack of Bright's disease, sinking into a chronic state, and the danger of another acute attack supervening, when the heart is hypertrophied, the lungs emphysematous, the blood in a watery and anæmic state, and the function and structure of the kidney so much embarrassed and altered. It points, too, a moral at the mischief that may accrue from neglect to clear up an acute attack, patient undoubtedly being one of those cases where a latent disease of the kidney had continued for three years unsuspected and undetected.

My next case is one of chronic desquamative Bright's disease. There were a variety of complaints preceding this, but it will be sufficient if I describe his condition at the onset of the Bright's disease.

George W., aged 55, much exposed on the river as a superintendent of mail steamers. His proportions are very bulky, weighing nearly 19 stone. Has a somewhat pale appearance with occasional epistaxis. Complains of severe dyspnoea, præcordial pain, palpitation, and cardiac anxiety. Severe shaking cough—exciting the heart violently, with greenish purulent expectoration. Tongue furred, yellow at back, clean in front. Vomiting at times, especially after

cough, No great thirst. - Abdomen almost pendulous, with exceeding tenderness over the whole area. Bowels irregular, mostly costive, but occasionally the stools are dark, loose, and bilious. The face is puffed at times, mostly limited to eyelids. Legs are swollen, with skin erythematous and intensely burning. Complains of severe shooting pains in both limbs. In this case as in the others the eye and sight were unaffected. There is no chest dullness. Expiration much prolonged. Inspiration is slow and laboured, owing in some measure to abdominal enlargement. No increased area of dullness of the liver is discernible. Numerous moist bubbling râles over the whole thoracic region. The heart's impulse is seen over a large area, extending outside the nipple line. Distinct systolic thrill at the apex. Dullness increased with violent upheaving action at times. Sounds at the apex flapping and valvular—murmur with the first. Every fourth beat intermits. Aortic first sound has distinct murmur, second sound sharp and accentuated. Urine, sp. gr. 10.18, less than the normal quantity, acid, albuminous, and showing granular and waxy casts under the microscope.

*Ars.* 3x. and *digit.* 1x., every three hours alternately, were given. Some relief of dyspnoea followed, but the patient is still unable to lie down. Condition otherwise is unchanged. Twenty days later, in consultation, ordered *tereb.* 1 and *phos.* 3x. every three hours in alternation. These were continued for several weeks but patient continued to get worse: The bronchitis with orthopnoea still persisted, the pains in the limbs at times seemed agonising, the legs became infiltrated with serum, with deep pitting on pressure as high as the loins and abdomen.

*Infus. digit.* B.P. 3 i and *kali hydriod.* iii grs. every three hours, in alternation, were prescribed in consultation. Great relief to heart and pains immediately followed these remedies, and in three days the inflammation and dropsy completely collapsed, culminating and focussing, as it seemed, in upwards of twelve large abscesses about the legs and buttocks which continued to discharge pus for many weeks afterwards. One other circumstance was remarkable, viz.: that whereas patient was not able to lie down for three months, he could now lie in bed without complaining of the extreme dyspnoea. The heart's action was much more decided, and the lungs were almost free of râles. Sleep, which had been short and broken, was

now heavy and continuous, the breathing at times being almost stertorous. Great debility, and a sallow dusky appearance of the skin. Appetite poor. Tongue has a dirty white fur. Depression and torpor of mind.

Ordered *morph. acet.* 3x. every three hours, a pint of Burgundy and milk and meat broth *ad libitum*, and charcoal poultices to the abscesses. I may mention that for the previous forty days he had taken nothing but skim milk and hard biscuits. He gradually gained strength, and after a further course of *merc. cor.*, *arsen.*, *tereb.*, and *acid. nit.*, there only remained a slight trace of albumen.

The last type of Bright's disease to which I have to refer is the granular kidney. It has been and is still a subject of dispute as to its nature. By Johnson it is said to begin in the epithelial cells of the tubes. By others to be the ultimate development of the large white kidney, but the most received opinion is that it is a disease *sui generis*, consisting at first of a proliferation of the interstitial fibrous tissues, and its subsequent contraction, being thus analogous to cirrhosis of the liver. With regard to its causation we have it occurring under different circumstances. At one time as a degenerative change in gout or lead-poisoning, at another secondary to some heart affection, and at another beginning as a primary disease in the kidney itself.

Mrs. F., the case under consideration, consulted me for dyspepsia of three months' standing. She is 40 years of age, with menses irregular as to time and quantity, Has a peculiar sallow complexion not at all like the pasty appearance of a common Bright's case. Considerable wasting of flesh, but the most prominent symptoms for which she seeks relief are extreme debility, nausea and vomiting, complete loss of appetite, severe frontal headache, pain and weight over liver, and fulness at epigastrium after food. Abdomen distended with flatus; tongue clean and bright; dryness of mouth; great depression of spirits; dyspnoea and palpitation on the slightest exertion. No history of gout or intemperate habits. Not the slightest trace of dropsy of areolar tissue. Was thrown from a cab three months before, and dates her illness from this time. Physical examination reveals no heart hypertrophy or murmurs, but sounds are sharp, weak, and quick. No liver enlargement. Respiratory organs fairly healthy. No cough or sputum. Vision and retina were not affected at this

period. I at first thought I had to do with a case of atonic dyspepsia, and a train of climacteric troubles, but on examining the urine I found it albuminous, copious, acid, 10.14, with a few epithelial cells, but no casts under the microscope. Gave *acid nit.* 1 x every three hours. Patient was somewhat better of the dyspeptic symptoms at the end of ten days, and *arsen.* 3 x was then given for the increasing exhaustion, and continued for three weeks, with some improvement, but recognising the incurability of the case, and the supposed benefit of change of air, I advised her to go away. She continued better for awhile, but I hear has lately died. Important points in these cases are their insidious nature, and the predominance of misleading symptoms. Rarely is there any dropsy present, and albumen sometimes is not present in the urine, especially in the later stages, patient usually first complaining of dyspeptic symptoms, though, on the other hand, these symptoms may obtain only in the later stages.

Exception will probably be taken to the strength of the medicines used in these cases. They were given with a preconception that such pronounced pathological states required more or less material dosage, and with the conviction that they were capable of reproducing similar states. Action and reaction may be said to be convertible forces, and although I have had no experience with remotely reduced remedies, I question their curative reactionary influence over a congested or large white kidney, for it could only be by some species of divine afflatus—something savouring of supernaturalism. It is not, I think, by the administration of medicines fearfully and wonderfully made, not by treating varying mental foibles—miscalled symptoms, not by formulating theories, of which there is no analogy in nature, either in the heaven above, or in the earth beneath, but by the relative recognition of subjective and objective signs and states, by the assimilation and utilisation of allied sciences, that we are to look for the more intelligent advancement of homœopathy.

In concluding this recital of clinical cases, I have to claim your indulgence for the manifold imperfections of my first essay at paper writing, and can only trust that, like the hone, it may give an edge to the discussion, though it has none itself.

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## **ON HYPERÆMIA OF THE BRAIN.\***

**By D. DYCE BROWN, M.A., M.D., one of the Physicians to  
the London Homœopathic Hospital.**

GENTLEMEN,—In commencing the study of diseases of the brain and nerves, the subject which naturally comes first for consideration is hyperæmia of the brain, and its opposite state, anæmia. I shall first take up the former, hyperæmia.

In former days, it was supposed that such conditions as hyperæmia and anæmia could not exist; that from the fact of the brain being enclosed in an air-tight incompressible case, any excess or defect in the quantity of the blood flowing to and through the brain was a physical impossibility.

I do not waste time by recounting the arguments for this belief. Suffice it to say that it has of late years been amply proved to demonstration that the conclusions referred to were mistaken, and that the brain, as well as any other organ in the body, may suffer from excess or diminution in the quantity of blood in it, and supplying it.

Here I may premise that, when I speak of hyperæmia, I do not intend this to be understood as synonymous with inflammation, which will be treated of afterwards. The condition now to be spoken of is one where for various reasons there is an excess of blood-flow over the normal quantity, producing symptoms which often give rise to anxiety, and even danger, but are yet not inflammatory. There are two varieties of hyperæmia of the brain: 1, active or arterial congestion; and 2, passive or venous congestion.

According to the plan I have for some time pursued, in order to save time and get over the whole ground of this course, I refer you to any good book on practice of medicine, for the causes of hyperæmia, for the anatomical appearances, and for the symptoms which are usually present in such cases, confining myself here to the homœopathic treatment.

It is, however, important, and most interesting, from a therapeutic point of view, to remember that the symptoms of hyperæmia and those of anæmia have a remarkable similarity to one another, as you will see clearly if you study a

\* Being part of a course of lectures on "Practice of Medicine," delivered at the London School of Homœopathy.

description of the symptoms of each state in, for example, Niemeyer. He says: "It is often asserted that the symptoms of cerebral hyperæmia are very similar to, or identical with those of cerebral anæmia; this is true in regard to congestive hyperæmia and anæmia, and the explanation of the correspondence is easy. In both cases the brain lacks its new supply of arterial blood. To explain the symptoms of paralysis (of brain function) occurring in fluxionary (or congestive) hyperæmia also, we must take the hypothesis that, during its course, there is a secondary œdema of the brain, as a result of which we have capillary anæmia, a condition directly opposite to the original hyperæmia."

We find then, in practice, that this similarity of symptoms between the two opposite conditions renders it, in certain cases, by no means easy to say positively that the symptoms depend on the one or the other condition, and we can only make a diagnosis, with anything like certainty, by observing the whole condition of the symptoms of the patient.

For this reason, then, it is unsafe to prescribe on our theory of the case being one of hyperæmia or anæmia; but we must select a medicine which corresponds to the totality of symptoms presented by the case, or to the patient's condition *as a whole*, and not with reference solely to the brain-symptoms.

These remarks will account for my speaking occasionally of hyperæmia of the brain, "or what we believe to be such."

The first medicine which will occur to us in the treatment of cases of hyperæmia of the brain is *Aconite*. My remarks in former lectures as to the value of *aconite* in active hyperæmia occurring in almost every organ of the body, will lead you at once to suppose that it pre-eminently meets those cases of hyperæmia of the brain where, from the symptoms present, there can be no doubt as to the diagnosis. Let us first look at the *cerebral* symptoms of this medicine. The prover feels a confused, muddled feeling, with vertigo and sensation as if he would fall, with severe nausea accompanying this, and occasionally blackness appearing before the eyes. The vertigo is worse on stooping. The *head* feels hot, heavy, as if bound tightly, or going to burst,—or full and throbbing. This may be felt all over the head, or only in the forehead, or even more in one or other side. Black spots are seen before

the eyes, vision becomes indistinct, and the light is disagreeable. The *face* feels hot—all in a glow, and the skin is flushed; there are noises or roaring in the ears, and sensitiveness to noise.

The *mental* symptoms vary—with confusion of thought, muddled feeling, general restlessness and uneasiness, fretful irritability or anxiety, and pre-eminently *with fear of death*. There is marked variability in the mental mood, which passes from one state to the opposite.

We find thirst, coating of the tongue, headache, &c., worse after a full meal, and after stimulants; the heart beats loudly and tumultuously, thumping on the chest walls; the pulse is full, tense, and quick, or easily quickened. The bowels may or may not be costive, the former usually. *At night the same restlessness is present*. The feeling of heat and feverish fulness in head and body causes difficulty in getting to sleep, and a restless state of tossing about; and when sleep comes it is dreamful and uneasy. Very often there is twitching or starting during sleep.

Such a condition points unmistakably to decided hyperæmia of the brain, and *aconite* consequently is of great service in this state, as when it arises, for example, from heart disease, when the hypertrophy is more than compensatory. It is less indicated, but still is of use, in certain cases of hypertrophy of the *right* heart and its consequences; but, as I say, less frequently in this form than in hypertrophy of the *left* heart. Then, again, in cases of so-called plethoric states of body, fulness of habit, especially when kept up by over eating, and drinking of stimulants. It is very useful also in the results of over-worked brain, where these symptoms are more or less present, and in which the exact condition of the brain—anæmic or hyperæmic—is not quite clear. Likewise in the congestion of the head in women, in whom the catamenia have suddenly ceased, or failed to appear, or at the menopause.

In such cases the higher as well as the lower dilutions act well. Excellent results are obtained by the 12th, the 3rd, or the 1st. It is not necessary, or perhaps even desirable, to go lower than the 1st centesimal. You will see that it is in *active* hyperæmia, rather than in passive, that *aconite* is indicated; restlessness at night, and fear of death, being prominent indications.

Our next medicine in point of importance is *Belladonna*. Perhaps no medicine in the Pharmacopœia has such a marked power of causing cerebral hyperæmia as *belladonna*, and consequently it is the medicine next to *aconite*, or even before *aconite*, which is most used in such cases.

In the pathogenesis, we find much heat and fulness of the head; a feeling as of rush of blood to the head, with vertigo, and great headache. The headache may be all over the head, or in the forehead, or in both temples, and feels throbbing or bursting, or as if the contents of the skull would be forced out of the forehead, or as if it were bound tightly. The face is flushed, the eyes are congested, or feel sandy; they ache and throb, and are painful to touch. Light and sound are especially painful. The pupils are either dilated or contracted; in well-marked active hyperæmia, they are contracted, while in depressed nervous conditions, exhibiting similar symptoms, they are dilated.

There is an excitable, restless state of mind, the excitement may be even so great as almost to approach to mania, with hallucinations or illusions of the senses. The mood is irritable as well as excitable; the prover feels cross, and easily put out, and there is confusion of thought, and inability to follow one train of ideas.

Usually there is palpitation, with full and quick pulse, and throbbing is felt all over the body. The tongue is dry and red, or coated with red papillæ showing through it; with thirst, and dryness of mouth and throat, loss of appetite, and constipation. At night the prover feels a drowsy sensation (which is also present by day), with inability to sleep, from a restless, hot, feverish, or excited feeling. When sleep occurs, it is restless, uneasy, dreamful (the dreams being frightful), and unrefreshing. He starts at night, wakes in a fright, or with a start, and seems unconscious for a few minutes, or talks in his sleep. These last symptoms are very common in children.

You will thus see that like *aconite*, *belladonna* is markedly indicated in those cases of active hyperæmia where the general appearance and symptoms of the patient leave no doubt as to the nature of the case, whether produced by mental excitement, heart disease, acute amenorrhœa, or at the menopause. It is also as clearly indicated in cases where the exact pathological condition is not so evident, but where such symptoms as have been described are present. Thus in many febrile disorders, arising from

general nervous disturbance or depression, or in an unstable state of the nervous system, whether arising from uterine disturbance, or from over-work of the brain in children, there is perhaps no medicine so generally useful, in all cases presenting the most or the chief of the symptoms described, as *belladonna*.

I must here remind you again, as I have often done when speaking of other diseases, that it is by no means necessary for a medicine to be indicated, that we should find the whole train of symptoms which I describe as pathogenetic of it, present in any case. We may have a very severe case, producing an exact picture of the drug in all points, and we may have a mild one, when the same medicine is equally indicated. As with diseases, so with drugs, there are all grades of severity, down to the mildest possible form. All we have to ascertain is that, in general type, or in the main features, however slightly marked, we have a *simile* between the drug and the disease.

*Belladonna* is best given from the 3rd centesimal down to the 2 x. Higher dilutions often do admirably—lower are seldom needed, and in many cases of sensitive nervous organisations may aggravate.

The doses may be given every three or four hours, or oftener, according to the urgency of the symptoms.

After *aconite* and *belladonna*, we naturally think of *Veratrum viride*.

*Veratrum viride* seems to resemble *aconite*, *belladonna*, and *gelseminum* in several points, while differing from them as a whole.

The general action of *veratrum viride* may be shortly described as, in full doses, producing marked depression of the heart's action, with nausea, vomiting, general depression, prostration, and cold sweats. In smaller doses, a dull frontal headache is produced, with vertigo, dimness of vision, and dilated pupils. The headache often seems to come *from the nape of the neck*. There is a feeling of heaviness in the head, the frontal headache is often very severe, though as often dull and heavy. There is restless sleep, with frightful dreams. The pulse becomes slow and feeble, afterwards becomes quick, and again slow before death. From large doses, marked convulsions of cerebro-spinal origin are present, opisthotonus very frequently; while from smaller doses, spasmodic twitching and convulsive movements occur. The great vascular

depression occurs from large doses, while from smaller ones the febrile reaction ensues, as in the case of *aconite*. I shall have again to speak of *veratrum viride* when treating of inflammation of the brain, but in simple hyperæmia it is most useful, in cases very similar to those calling for *aconite* or *belladonna*. *Veratrum viride* is usually given in the lower dilutions, as the 3rd to the 1st decimal, according to the susceptibility of the patient, or the urgency of the symptoms.

After these three medicines, *Gelsemium* properly comes in for notice. Its action is somewhat akin to both *aconite* and *belladonna*, but the type of febrile disturbance differs from the former in showing the remittent type, being evident or increased markedly at night.

The type of cerebral disturbance is less active than that of *belladonna*, and though with the latter it is of service in active hyperæmia of the brain, it is still more so in the passive form, or what we believe to be of the passive type. It produces an irritable state of mind, going on to depression. There is dizziness and confusion of thought. The headache is a full, heavy one, or with a feeling of full tightness all over the head, but more especially in the *forehead*, *temples*, and *occiput*. The eyesight is confused, with even double vision. Palpitation is complained of, with quick pulse and feverish feeling coming on at night. By day there is a drowsy state, and at night a restless, feverish state of sleeplessness.

*Gelsemium*, then, is indicated in states of brain hyperæmia arising from over-work of brain or body, or from worry and anxiety, when the headache is such as I have described, with confusion of mind, and disordered vision, and with feverish sleeplessness at night. For dose, I should advise from the 3rd to the 1st decimal.

We now come to a medicine of great importance.

*Nux vomica*.—The symptoms of what is believed generally to be the result of hyperæmia of the brain, are very markedly displayed in the pathogenesis of *nux*, and from these, and from what I shall have to say of the general class of case indicating *nux*, you will perceive that it will be one of the drugs most frequently employed in this complaint. 1. As to the mental, emotional, or psychical spheres, we find the prover of *nux* irascible, irritable, peevish, and quarrelsome; at other times anxious, despondent, and taciturn; there are

no actual illusions or hallucinations. Along with this state, he becomes morbidly sensitive to light, and sound, and even smell. There is a state of excitable, irritated nervous function, and an inability to settle to work of thought. He suffers from confusion, marked dizziness, or vertigo, even going the length of producing reeling and staggering, as if drunk. The vertigo is often worse after dinner. Secondly, we note that *headache* is a very prominent symptom. The marked feature of it is a heavy, pressive, or tensive, dull headache all over the head, or very often in the forehead and temples, giving a stupid feeling, as if one had not slept enough, incapacitating for thought, and aggravated by mental efforts, by eating, and also in the morning. With these headaches there is a feeling of fulness in the head, as if too much blood were in it, and this also is worse after food and in the morning. The face is often flushed or suffused looking, though sometimes pale. The muscles of the face are apt to twitch. He starts easily at the least noise, or even on a sudden touch; such startings being akin to twitches, or convulsive movements, which latter constantly occur in aggravated cases. Sparks or flashes of light are seen. He is very sleepy in the afternoon, after dinner; sleeps badly at night; falls asleep in the first part of the night, then wakes up at 2 or 3 o'clock; lies wide awake for two or three or four hours, and then drops off into a heavy sleep when it is nearly time to get up. He wakes tired and unrefreshed, with his headache and feeling of confusion.

Such are the general cerebral and nervous symptoms produced by *nux*, and indicating it as a medicine. But where it is indicated strongly, you will find usually other symptoms which are very important to notice, and the presence of which aid you materially in selecting *nux* in preference to other medicines. First, you will notice as important, one of Hahnemann's masterly generalisations, which has been corroborated by every one since his time, viz., the type of patient for whom *nux* is specially useful. You will find certain persons tell you that *nux* "always suits" them, and almost always puts them right from any disorder, while others will find from experience that *nux* never does them much good. This is accounted for by the fact that *nux* suits specially a certain type of body. It is not the easy, gentle, soft disposition, with blonde complexion and fair hair, which we see so decidedly in females, but rather the vigorous,

quick, irascible nature, of dry and firm habit, with dark hair, and sallow or brunette complexion; also the literary man, or the business man, who has much mental work and anxiety, combined with a sedentary life, and those also addicted to good feeding, the use of much wine or other alcoholic stimulant, and much coffee.

Next, you find that the symptoms are almost invariably worse in the morning. After the peculiar form of sleeplessness already mentioned, the prover wakes from sleep, tired, and languid, and with all the uncomfortable symptoms of such a case, headache, &c., and with no appetite for breakfast, or energy for anything.

Lastly, there is a distinct form of dyspepsia. This I fully described when treating of dyspepsia. Here I simply remind you of it. The tongue is coated yellow-white at the posterior half, while tolerably clean in the front half. There is bad taste, bitter or foul. There is loss of appetite, fulness, distension, and heaviness after food, as if he had eaten too much; acid risings, flatulence, heartburn, and sickness or nausea. The bowels are constipated, with a feeling of desire for stool, but inability to perform the function, and tendency to piles.

With such general symptoms present, along with the head symptoms of irritation and congestion, or hyperæmia, you will find *nux* clearly *en rapport*, and it will quickly produce improvement and cure. Perhaps the most generally useful dose of *nux vomica* in this condition is the 3rd centesimal. In sensitive patients, it is often better to go higher, up to the 30th, or occasionally even to the 200th; while in others better results are obtained from the 2nd or 1st decimal. *Nux vomica* is a medicine which, I have often remarked to you, acts well in all dilutions, and one has to make use of the whole range of the scale, according to the susceptibility of the patient, in order to procure its full effects.

You will observe that the class of case calling for *nux* is quite distinct from the type of case requiring *aconite*, *belladonna*, &c. It is one where the state of the digestive organs has evidently largely to do with the hyperæmic condition of the brain.

Allied to *nux vomica* in several points is *Sulphur*. From my remarks in former lectures, you will remember that perhaps the main feature of the *sulphur* action is its tendency to chronicity, and its passive venous

congestions, with the symptoms resulting therefrom. It is thus specially in cases of passive hyperæmia of the brain, and particularly when of considerable standing, that *sulphur* will be of use.

It produces a condition of mental dulness, and apathy, combined with peevish irritability, and disinclination for mental or physical exertion. The head feels full and congested, as if too full of blood; there is headache of the same type, a hot, heavy, full, tensive or pressive headache, all over, or in the forehead and temples, with vertigo, especially in morning. You find a general sluggishness of the whole system. The appetite is poor, digestion is slow, with fulness after eating. The action of the liver is sluggish, constipation is present with tendency to pale stools and hæmorrhoids. The latter are due partly to the liver engorgement, and partly to the constipation. Rheumatic pains are complained of, and there is tendency to mucous catarrh; sleep is restless and uneasy, the pains are worse at night, and in the heat of the bed, and the patient wakes tired, and languid in the morning. You will very probably also find a tendency at the time, or at some former time, to skin irritation, itching, and eruptions.

You will thus observe that, as with *nux vomica*, the hyperæmia of the brain is not pure, but largely dependent on disorder of the general health, especially of the digestive organs. From the many points of similarity between the *nux* and the *sulphur* conditions, you frequently meet with cases where both seem indicated, and you will often find it of manifest benefit to prescribe one dose of *sulphur* in the morning, or in certain circumstances at night, while you give *nux* during the day. This is a practice which has the sanction of most practitioners, and one that you will find yield excellent results—often better than when either medicine is given alone.

As to the dose of *sulphur*, you must, as with *nux*, employ all dilutions, according to the condition or susceptibility of your patient. The 3rd centesimal is a fair average, or generally useful dilution, while in some cases you must use the 6th, 12th, or 30th, and in others better results are obtained from a pilule of the saturated tincture, generally spoken of as the mother-tincture, but more correctly as the *tinct. sulph. fort.* The pilule is a better form to administer the latter, as in water it forms a fine milky precipitate.

A completely different type of cerebral hyperæmia, from any that I have yet described, is met by *Opium*.

It is almost unnecessary to give you a sketch of the pathogenesis of *opium*, as the action of this medicine is so well known. I may just state that the symptoms specially indicating it are a general torpor of the brain and nerve functions, great and constant sleepiness, inability or disinclination for any exertion, difficulty of rousing oneself for anything, stupor of mental functions, irritability of temper when roused from this heavy state, with flushed dusky complexion, or sometimes the reverse, a pale face, contracted pupils, and a dull, heavy, oppressive headache, as if the brain were loaded. The appetite is sluggish, and the bowels costive.

You will observe that here we have no active or arterial hyperæmia, but a passive engorgement, with a state of torpor of the mental and other functions, and in fact the condition produced by opium poisoning.

The dose of opium which I have mostly used is the 2nd decimal, or in some cases the 3rd centesimal.

*Glonoina* is often of marked service in cases of hyperæmia of the brain, coming on acutely, to relieve specially the severe headache, such as occurs in sunstroke, or sudden hyperæmia from any cause. It is allied in action, as far as the headache, &c., is concerned, to *belladonna*. The headache, in fact, is the special feature of the *glonoina* action.

The prover suffers from a state of agitation (mental), anxiety, and apprehension. There is mental confusion, he hardly knows where he is, and can with difficulty recognise the objects surrounding him. *Great and intense headache* is felt. The head feels too large, or as if the skull were too small for its contents. There is painful, throbbing felt in the head—synchronous with the pulse—feeling as if all the blood had mounted to the head. The headache is felt all through the head, but chiefly in forehead and temples. It is worse on movement, and on bending down. The temporal arteries *visibly* throb. Vertigo also is very marked along with the headache. The eyes are staring, and congested, and the face flushed. The pulse is quick and full, the heart beats violently, and with much palpitation. Heavy restless sleep is produced, or sleeplessness.

It is, therefore, specially called for in any sudden and severe attack with symptoms as above, whether arising from menstrual suppression, excessive heat, or otherwise.

The dose I usually employ and recommend to you is the 3rd decimal.

In many points resembling *glonoine*, and also *belladonna*, is that interesting medicine of recent introduction, the

*Amyl nitrite*.—On inhaling this drug, very soon the face feels suffused and flushes visibly, the head feels full of blood, and throbs violently. The prover feels confused and giddy, with confusion also of sight. The pulse becomes quick and full, and the heart throbs quickly and violently. It is believed that general arterial dilatation and hyperæmia is produced.

This sketch of its effects will show you in what cases it will relieve. It is in acute arterial hyperæmia, arising from any cause, and one frequently finds such a state produced in women by sudden suppression of the menses, and at the menopause. It may be used by inhalation carefully, or by the internal administration of the 2x or 3x dilutions.

*Arnica* is useful in certain cases, as in those of active congestion, threatening apoplexy, in old people, in hyperæmia from falls or concussion, or shock, and in cases alternating with and relieved by epistaxis. It causes a full, pressive headache, with feeling of fulness of blood, and vertigo, with confusion of mind and senses. The headache is chiefly in the forehead and temples, though it may be felt all through the head. There is often in such a state sleeplessness at night. Dose 3, or 3x.

*Bryonia* is sometimes of service in mild cases of hyperæmia. The form of headache of *bryonia* is a full, heavy, pressive pain, as if the head were too full of blood. It is chiefly felt in the forehead and temples, is worse on movement, and with a feeling as if the contents of the skull would fall out at the forehead, especially on stooping. Vertigo, and confused feeling, are also present. This and the headache are worse on first waking in the morning. Along with this state, the tongue is furred, there is fulness or feeling as of a load or weight in the stomach after food. Uneasiness in region of liver, with sluggish action of it, and constipation. You often find also a tendency to rheumatic pains, or the presence of the rheumatic diathesis. *All these symptoms*

are worse on motion. *Bryonia* is thus suited to mild cases, where there is disorder of the stomach and liver, with rheumatic tendency, and where the headache and vertigo are as above described.

The dose of *bryonia* I should recommend is from the 3rd centesimal to 3rd decimal dilutions.

*Cuprum* is valuable in hyperæmia of the brain arising from non-developed or retroceding eruption of measles or scarlet fever. We have then a dull, oppressed condition of venous or passive hyperæmia, and a tendency to convulsions, or the actual presence of them. I spoke of this fully when lecturing on these fevers.

Lastly, *Ailanthus Glandulosus*, which I spoke of also in a former lecture on measles and scarlet fever, has a pathogenesis which points strongly to its use in passive hyperæmia of the brain, resembling the action of *opium* rather than that of *belladonna*. The prover becomes dull, languid, depressed, and indifferent to his own state, or may be anxious and restless. He feels languid all over, incapacitated for any mental effort, has to read over several times what he is reading before he can comprehend it, or has to count figures over and over again before he can get them right. In advanced stages there may be insensibility, with low, muttering delirium, not the active, excited delirium of *belladonna*. He complains much of vertigo, which prevents him walking straight, and objects seem to move before him. There is also a dull, oppressed, full, and congestive headache, felt all over the head or in the forehead. Along with this headache there is marked vertigo, producing sympathetic nausea and vomiting, without any gastric symptoms to account for it. Loss of memory also occurs. Then we have other symptoms of nervous disturbance and passive congestion—as a constricted feeling in the chest, as if it were strapped; a similar feeling of constriction in the abdomen; pains all up and down the spinal column, numbness and tingling in the arms and legs, with heaviness in the legs, and pains in the feet. There is sleepiness by day, and unrefreshing disturbed sleep at night.

This pathogenesis indicates *ailanthus* in states of passive or venous hyperæmia—a state of oppressed brain and general nerve function, such as precedes or forewarns an attack of apoplexy. Also in general passive brain congestion, not of gastric origin, but such as one sees

produced by over-work or brain-fag. It is likewise indicated, as I stated in a former lecture, in the hyperæmia of the brain occurring in cases of measles and scarlet fever, from suppressed eruptions. I know of no recorded cases of brain-hyperæmia treated by *ailanthus*, except those in scarlet fever, but I could not consider my subject complete, without pointing out this medicine as one likely to be found of value in the states I have indicated. I should give it in a low dilution, the 3rd or 1st decimal.

Such, Gentlemen, are the chief remedies useful in cerebral hyperæmia, or in cases where we believe, from the symptoms, that such a state exists. I might, perhaps, have included *actæa*, but this and other medicines will come in better when I come to speak of headache and its treatment.

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## ON THE PROPHYLACTIC ACTION OF COPPER IN CHOLERA.\*

By Dr. JOUSSET.

AFTER the appearance of cholera in Europe, in 1829, Hahnemann and the earlier homœopathists pointed out *veratrum*, *arsenic*, and *copper* as the three principal drugs for this new malady, and prescribed these three substances, not only as curative drugs, but also as prophylactics. Some of them added to this practice, the habit of wearing small plates of copper in contact with the skin. Drs. Mures and Schmit, in particular, insisted on these prophylactic measures; and I myself, during the epidemic which raged at Charroux (Vienna) in 1852, employed plates of copper very extensively, and obtained very good results.

But it was principally Dr. Burq, whose studies in metallotherapy had acquainted him with the action of copper in the cramps of cholera, who predicted that the application of plates of metallic copper would prove prophylactic against cholera.

This honest and modest physician, to whom the Homœopathic Medical Society of France rendered full justice forty years before the Academy of Medicine would consent to examine his works, had made considerable researches in public hygiene, and arrived at the conclusion that workers

\* Translated from *L'Art Médical*, by Dr. A. S. Kennedy, of Blackheath.

in copper were completely preserved from cholera when they remained exposed to the emanations of copper dust during an epidemic. Did Dr. Burq imbibe his first idea of the preservative virtues of copper from his acquaintance with homœopathic physicians, or did he arrive directly at this idea?

Dr. Secretain, at the time of Burq's publications, always claimed the priority in this observation for Hahnemann, and since that time that priority has been incontestably established. Hence it was not without surprise that we lately read that a Dr. Mailhet, of Japan, had just discovered the prophylactic action of copper in cholera, he having obtained the greatest possible success by its employment! Here is the passage from the *Gazette des Hôpitaux* which reports this so-called discovery, appending thereto an ingenious explanation from Dr. Mailhet:—

"In 1877 I had dreamed of a prophylactic which I had not put into practice, having had but few cases in the locality where I live. This year the epidemic having reached us, I have been able to test my experiment, and I send you the result. I started with these facts, that persons who work in copper enjoy a great immunity from cholera; that, according to the experiments carried on by the Society of Biology, metallic applications act by developing a feeble current of electricity.

"Besides, I said to myself, the cholera should attack by preference those who offered to it least resistance, namely, those whose digestive tract was in an unhealthy state.

"Hence it follows that *the application of plates of copper should cause a slight excitement in the subjacent organs, and increase their resistance to the invasion of cholera. I know not what may be the value of these considerations, I only give them as the outcome of the association of ideas which led me to try the use of a copper girdle as a preventive against cholera.*

"I then first cut some plates of red and yellow copper of the size of a two-franc piece in the middle; I fixed a little tongue through which I passed a narrow ribbon, which passed through all the little plates one after another, arranged by placing first a plate of red copper, then one of yellow, then red, and so on.

"I made quite easily one of Dr. Burq's girdles. But this girdle has the inconvenience of pinching and wounding the skin in the movements of the body.

“At the commencement of the epidemic I advised the use of a girdle like this, and soon more than 600 persons were provided with them, not counting those who, from lack of means, only carried one or two plates in their girdles, and the innumerable number who made themselves amulets of copper, without taking the trouble to put them in contact with the body.

“We had forty-five severe cases of cholera, of which thirty died ; and more than fifty slight cases, and cases of cholerine.

“Out of this number I did not see a single wearer of the girdle. It would be a very singular coincidence that not one of my girdle-wearers should be found amongst the hundred cases of cholera which I had, if the copper girdle had not had some ‘prophylactic virtue.’ ”

So Dr. Mailhet has found out, after Hahnemann, after all the homœopaths who have studied and treated cholera since 1829, after Dr. Burq, that copper applied to the skin is a good prophylactic against cholera ! He has verified this prophylactic virtue of copper after a hundred, after a thousand other physicians ; he has confirmed an important fact in practical medicine, one even yet contested by some contentious and retrograde spirits ; and in doing that he has certainly done a useful task, and one worthy of praise.

But why not relate honestly the facts ? Why not say that Hahnemann, having ascertained experimentally that copper produced vomiting, diarrhoea, cramps, and an entirety of symptoms analogous to cholera, advised this drug in the treatment of this malady, when the cramps are extreme and the sickness aggravated ? His disciples have verified his suggestion ; and the curative properties of copper led to its administration as a preservative against the disease which it cured.

The knowledge of the immunity against cholera enjoyed by labourers in copper mines, had suggested the employment of plates of copper worn on the skin as a preservative from cholera. Then came Burq, with his enquiry into the immunity of copper-workers against cholera ; and the use of copper plates became general amongst those physicians who kept pace with the new therapeutics.

These are the true reasons why Dr. Mailhet employed copper in the prophylaxis of cholera. But these reasons are tainted with homœopathy ; they smell of heresy ; and he has first been obliged, on the one hand, to say nothing

of those physicians, who first proposed copper in the treatment of cholera, which is dishonest, and then to invent a physiological theory to explain the *discovery* of Dr. Mailhet! So it is not because copper produces in the healthy body a state similar to cholera, that it cures it, and he prescribes it, but because "the application of plates of copper causes a slight excitement of subjacent organs (the intestines), and increases their resistance of the invasion of cholera."

What a lovely explanation! Thus it is the electricity which preserves from cholera, and not the absorption of copper by the skin. Then what preserves the workers in copper, who absorb the dust of the metal, and in whom you cannot claim electric action? The fear of appearing to have imbibed anything from the Great Reformer of medicine crazes the men who live by these thefts, and the absurd theories which they are obliged to put forward are the just punishment of their plagiarism.

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## REVIEWS.

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*Materia Medica Pura.* By SAMUEL HAHNEMANN. Translated from the latest German editions, by R. E. Dudgeon, M.D. With Annotations by Richard Hughes, L.R.C.P. Edin. Vol. I. Aconitum—Ipecacuanha. Hahnemann Publishing Society. 1880.

THE work before us is a translation of one on *Materia Medica* the first edition of which appeared some sixty or seventy years ago! Where is there another work on the same subject published at the date at which this was, which those who practise medicine without a therapeutic principle, would regard as worth the trouble of translating now, and translating, too, in precisely the same form in which it appeared? There is not such an one. That Hahnemann's *Materia Medica Pura* is still valuable, is yet capable of assisting a physician in prescribing for his patients, is owing to its consisting of an assemblage of facts, of observations, of experiments—to its being entirely devoid of theoretical speculations as to the action of drugs, and of theoretical suggestions for their prescription in disease. Facts live—theories disappear, as increasing knowledge tends to cast doubt upon their validity.

The translation of Hahnemann's *Materia Medica* has been done by Dr. Dudgeon. As a guarantee of accuracy, of fidelity to the original, it is quite needless for us to say more. For forty years a student of the author's writings, the elegant translator of his *Organon of the Healing Art* and of many of his essays,

Dr. Dudgeon brought to bear upon his task a familiarity with his style which few, if any, possess beside him; while his thorough knowledge of the language rendered easy to him what many, whose acquaintance with it might be regarded as above the average, would have found difficult.

Dr. Hughes has performed his share of the work by revising from their originals the observations Hahnemann collected from the writings of previous observers.

We have thus before us a translation of Hahnemann's great work, the like of which has never previously appeared. It is as perfect as it can be made.

Most cordially do we thank the translator and his colleague and the Hahnemann Publishing Society for having provided this very important aid to the better performance of our daily work. We trust that every homœopathic physician will procure it and use it.

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*On the Medicinal Treatment of Diseases of the Veins.* By J. COMPTON BURNETT, M.D., &c. London: Homœopathic Publishing Company, 1881, pp. 166.

In this powerfully-written, deeply-interesting and suggestive little book Dr. Burnett argues, illustrates, and enforces the thesis "that atonic dilated veins may, in many instances, be made to shrink to their original size by the proper use of medicines administered internally and aided by certain auxiliaries—in other words, varicosis, hæmorrhoids, varicocele, and varices are amenable to drug treatment, and therefore surgery, in this department of diseases of the veins, is to be superseded by medicines" (p. 6). The best of surgery in the treatment of diseases termed "surgical" is but the inevitable result of imperfect medicinal therapeutics. Were the art of medicine perfect, a large number of operations ingeniously devised and skilfully performed would become needless. Life may be, and often is, saved by the amputation of a thigh, in a case where the knee joint has become destroyed by disease; but the patient can scarcely be said to have been cured by the operation. Had medicine been perfect, the disease in the joint would have been cured before the destruction of tissue had proceeded so far as to endanger life. So in hæmorrhoids, to cut off a mass of piles protruding from the rectum does not cure piles; it removes that which has by its growth become a source of danger to the individual.

Dr. Burnett shows that by judicious local, medicinal, and hygienic treatment, the worst cases may be really cured; that the sufferer may be restored to health without having any tissue removed by the knife or the cautery.

The principles he enunciates are sound beyond cavil. That they can be successfully carried out in practice is proved by the very striking cases he records. At the same time the carrying of them into practice is well calculated to try the courage and determination of the most plucky and resolute of both physicians and patients. The two cases related on pages 88-99 are among the trophies of medicine. Nothing short of indomitable pluck and confidence could have saved these cases from the knife of the surgeon—and the knife of the surgeon would never have restored health as completely as did Dr. Burnett's "homœopathic, postural, and dietetic treatment." We earnestly commend the perusal of this small but important treatise to all our medical brethren, feeling assured that it will tend greatly to strengthen their faith in the art of medicine.

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*Ecce Medicus; or, Hahnemann as a Man and as a Physician, and the Lessons of his Life. Being the first Hahnemann Lecture, 1880. By J. COMPTON BURNETT, M.D. London: Homœopathic Publishing Company. 1881. Pp. 164.*

THIS brilliant little book, appropriately dedicated to Dr. Bayes, forms by far the fullest record of the life of Hahnemann, as it gives also the best estimate of his character, and of his work with which we are acquainted.

Rarely, if ever, have we met with a more sparkling, more attractive piece of reading. Few, if any, could, we think, commence it without finishing it before laying it down. It is the work of a master in literature.

It is needless to make extracts here, for we are sure that everyone who feels an interest in homœopathy will obtain, read, and enjoy it.

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## NOTABILIA.

### THE LONDON SCHOOL OF HOMŒOPATHY.

THE 41st monthly meeting of the Committee was held on the 14th ult., John Boodle, Esq., in the chair. The Committee have appointed Dr. RICHARD HUGHES to deliver the Hahnemann Address in October of the present year. The annual meeting of the School is appointed to be held on Tuesday, April 12th, at 4 p.m. It is particularly requested that our subscribers and governors will attend this meeting. Important business connected with the future working of the School will then be discussed and arranged. It is not usual to answer anonymous communications, but the Hon. Secretary having received an anonymous note professing to correct his statement that there are about 800 practitioners of homœopathy in Great Britain, by

saying that the Homœopathic Directory contains the names of only 275, Dr. Bayes would inform the writer that, in addition to these 275 avowed practitioners of homœopathy, there are many who practise homœopathy exclusively, but object to their names appearing in a directory as homœopaths, on account of the unworthy persecution which might follow such an avowal. A considerable number of such physicians are known to Dr. Bayes. The School entered upon its fifth year on the 15th December, 1880, the period for which the School was constituted, as at present organised. Gentlemen desiring to suggest changes in the working of the School are requested to communicate their views to Dr. Bayes, as succinctly as possible. Suggestions thus made will be submitted to the next Committee meeting, and shall have every consideration given them at the annual meeting. One suggestion of a practical nature is before the Committee, viz.: To fund the surplus moneys and add them to the sum already invested. To extinguish the annual subsidies now paid to the lecturers, and the salaries. Of the income that will be produced, to set apart £50 annually as an endowment for a clinical lectureship at the London Homœopathic Hospital—to be held for two years by the appointed lecturer (who may be eligible for re-election)—the surplus to be used for the payment of the rent of the lecture room, and for the endowment of a Hahnemann lectureship. The lecturer to be elected annually. The surplus to accumulate until a sufficient sum is available to enable the trustees for the fund to propose further endowments. It will be needful that certain changes shall be made in the constitution of the executive of the School, in order to simplify its working. The course above indicated is one which would provide permanence for the most essential lectureship.\* A scheme is also provided for the encouragement of further lectureships, subsidising them in proportion to the number of pupils receiving instruction at their hands. The above propositions will, if carried out, form a nucleus easily expanded into a new medical school when sufficient funds have accumulated.—William Bayes, Hon. Sec., 21, Henrietta Street, Cavendish Square, W.

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### SOCIETY FOR THE PREVENTION OF BLINDNESS.

THIS Society, which owes its existence, we believe, chiefly, if not entirely, to the efforts of our friend Dr. ROTH, has just issued the first report of its proceedings. From this we find that

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\* "In order to make any real improvement in training our students as practitioners, it is necessary, to a large extent, to substitute tutorial and bedside teachings for the long courses of lectures now delivered on Medicine and Surgery."—Report of the Committee of Council of the British Medical Association on Medical Education, January, 1881.

Dr. ROTH has, from various causes, been compelled to perform the duties of treasurer, secretary, and committee almost unaided. He hopes that during the current year others may become sufficiently interested in helping the blind to relieve him of some, at any rate, of the duties now devolving upon him.

The report, which is descriptive of the work of the Society—perhaps we should be more accurate were we to say the work of Dr. Roth—is a somewhat lengthy one, but exceedingly interesting, and displays that restless energy in doing good to the helpless, and in endeavouring to prevent others, now in health, becoming, through illness, dependent on their friends, which are characteristic of Dr. Roth.

We shall probably return to the consideration of the work of this Society on a future occasion, meanwhile we would advise all to obtain a copy of this report from Dr. Roth (48, Wimpole Street), and give him generous aid in extending the usefulness of the Society.

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#### THE BATH HOMŒOPATHIC HOSPITAL.

THE Report of this Institution for the past year shows, we are glad to find, evidence of its increasing usefulness. Forty-six in-patients—mostly acute cases—have been admitted, against thirty-two in 1879. Of out-patients 8,300 have been received. Mr. Norman and Dr. Holland are the Medical Officers, Dr. Newman being the Consulting Physician. A Bazaar is to be held during the autumn in aid of the Hospital funds, which will, we trust, meet with large and liberal support.

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#### THE NEW YORK STATE HOMŒOPATHIC ASYLUM FOR THE INSANE.

THE annual meeting of the trustees of this institution was held in December last. From the report of the proceedings in the *St. Louis Clinical Review* we make the following extracts:—

“The report of medical superintendent Dr. Selden H. Talcott, showed that the rate of recoveries of the insane was larger last year than ever before in the history of the institution, and the death rate lower. The rate of cures was 46.56 per cent., and of deaths 4.18 per cent. In all 311 different patients were treated during the year, of whom 164 were in the asylum at the beginning, and 180 at the close, October 1st, 1880. The number admitted was 147. The number discharged cured was 61, improved 24, unimproved 33, deaths 18. The largest number present at any one time was 199.

"The means employed to effect cures were the same as have heretofore been used in the institution. First, every effort is made to restore patients to bodily health and strength, which is, in most cases, a necessity. Rest, quiet, exercise, employment, amusement are each and all used where they will be beneficial in the work of restoring the insane to mental and bodily health. Homœopathic treatment, of course, is the rule where medicine is necessary. Good nourishing food is one of the main reliances of the management. The male patients have been employed mostly in gardening and other light work on the grounds, while the women have done most of the plain sewing of the institution.

"The superintendent discusses at considerable length, and very fairly and sensibly, the much mooted question of restraint or non-restraint. While condemning it as a general treatment he regards it as a necessity in exceptional cases, and then he prefers restraint to the use of stupifying methods that are used in its stead in some institutions. He mentions one case where an insane woman was only prevented from sticking herself with pins and needles by covering her hands with light canvas until the mania passed away. A male patient was treated in the same way to prevent him from pushing his thumbs into his eye sockets, which he said the Lord commanded him to do. Another patient had to be put into restraint to defeat the most persistent and varied attempts at suicide that could be imagined. Restraint is used only to prevent suicide and mutilation, and then with the greatest care."

#### ANOTHER ALLOPATHIC NOVELTY!

THE following paragraph appears in the *Monthly Magazine of Pharmacy, Chemistry, and Medicine*, entitled—

##### "A NEW REMEDY."

"For violent griping caused by excessive peristaltic action of the stomach, an occasional teaspoonful dose is recommended of a solution made by adding a tincture of colocynth to water in sufficient quantity to render it bitter. The homœopathic dose so given is said by the *Chicago Medical Journal* to have an excellent sedative effect. If this be correct, it affords another instance of the fact that some medicines when given in minute doses produce exactly opposite effects to those following their administration in large quantities. Experiment with regard to this, particularly if made with some of the more potent drugs, might reveal some very useful remedies."

In 1821—or sixty years ago—Hahnemann published the record of his experiments with *colocynth*. In the preface thereto he wrote: "Many of the most violent colics may be often very rapidly cured, when at the same time the other characteristic

symptoms of the disease, or a portion of them, are to be found in similarity among the symptoms of *colocynth*." *Materia Medica Pura*, vol. 1, p. 512 (Hahnemann Publishing Society's edition). A little research into *Hahnemann's Materia Medica*, or *Hughes' Pharmacodynamics*, will save the necessity of "experiment!"

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### BOYCOTTING HOMŒOPATHY.

DR. HAYWARD, the eminent and respected homœopathic physician, has our sincere sympathies. He has been "Boycotted." He is not an Irish landlord, it is true, but nevertheless on the authority of his professional colleague, Dr. Drysdale, whose witness surely is true, he—that is Dr. Hayward—has been Boycotted. He has been Boycotted by his profession, for the offence of being a homœopath. This is terrible. The fearful example set by those Irish rascals appears to be spreading in all directions. We have heard of people of divers sorts and conditions being Boycotted, from clergymen to costermongers, from noblemen to nobodies: even Col. Steble and Mr. William Simpson have been named as recent victims of this new social ostracism which was heard of under its modern designation on the shores of Lough Mask, and is now permeating all ranks and circles of men. But we had thought that physicians, men of science, *savans*, and philosophers would have been exempt from this new foible of disorganised society. Yet Dr. Hayward, so his friend Dr. Drysdale states, has been Boycotted. The principal act of the Boycotting consists in the fact that the advertisement of a new *Materia Medica* which Dr. Hayward is editing has been refused admission to the columns of the *Lancet*, the leading organ of the medical profession. This was stated by Dr. Drysdale yesterday at the annual meeting of the Liverpool Homœopathic Dispensaries, and moreover, one or two other speakers bore witness to the Boycotting of physicians suspected of the homœopathic heresy being a common practice in the profession. Alas! then it would seem that even medical men are afflicted with the ordinary failings of humanity, and subject to fits of spleen and jealousy just like ordinary mortals. After the pretensions to infallibility which leading members of the medical profession have so often put forward on certain subjects, it is a terrible revelation to have this confession for one of themselves."—*The Liberal Review* (Liverpool), Jan. 22.

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### "THE ORGANON."

WE do not refer to Hahnemann's great work by this title, but to the Anglo-American journal called *The Organon*. We have heard that it has ceased to appear, and that there is no probability of its revival. *Requiescat in pace.*

### BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will take place on Thursday evening, the 8rd inst, at the Hospital, Great Ormond Street, at seven o'clock, when Dr. BAYES will read a paper *On the Means existing in England for teaching Homœopathy—the British Homœopathic Society, the London Homœopathic Hospital, and the London School of Homœopathy—showing the aims and scope of these Institutions, with suggestions for increasing their efficiency, and for drawing them into nearer and closer relation to one another.*

The subject to be presented for discussion by Dr. BAYES is one of such vital importance to the progress and development of Homœopathy that we trust a large number of members will be present to join in it. About the duty of supporting and extending the influence of our Society, Hospital, and School, there ought to be no difference of opinion. As to the best means for doing so there is ample room for discussion. Out of that which will take place on Thursday evening next we hope that much advantage will accrue to each Institution.

### HOMŒOPATHY IN BOSTON, U.S.A.

THE following gratifying information comes to us from Boston:—

“It is desired to enlarge the hospital building, and to add to its facilities for serving the community. For this purpose at least 50,000 dollars should be now raised.

“The work of the hospital has been steadily increasing since its foundation in 1871. During the past year a larger number of persons than ever before have been received into the building, and the demand for the treatment of free patients is now more pressing than at any previous time.

“The need of larger accommodations for the various departments is very great. It is deemed by the trustees to be a matter of absolute necessity to add to the hospital building a surgical ward, a lying-in ward, and a children's ward; and funds are also imperatively needed to maintain the work at its present point of efficiency and success.”

The existing hospital in Boston is very pretty, very well arranged, and the accommodation everything that could be desired—so far as it goes. But the building is much too small for the purposes of clinical teaching. It is as impossible to impart a knowledge of disease, to teach diagnosis, and to enable a student to be accurate in prognosis, without a large and well-filled hospital, as it is to make bricks without straw. Fifty thousand dollars will go a long way towards accomplishing what it is so desirable, especially in the interests of the large and efficiently-officered

medical department of the University, should be accomplished—but five hundred thousand dollars would be nearer the mark. For besides buildings, an endowment fund is essential to enable the trustees to place free beds at the disposal of the staff. As it is, the income of the hospital is furnished, to too large an extent, by paying patients—by persons who, because they pay five, ten, or fifteen dollars for attendance, nursing, and comforts, which in their homes they could not obtain for treble these sums—object to having their cases studied by students! To be of service to the medical department, the patients received must be numerous, and all regarded as material for clinical study; just as they are in the City and Massachusetts General Hospitals. Without these large institutions Harvard would be as ill provided with clinical instruction as Boston is now.

Further, we would urge our friends in Boston to content themselves with medical and surgical wards, leaving the lying-in ward for a distant future. Lying-in wards, especially in a general hospital, are often more dangerous to their inmates, more productive of puerperal diseases than they are beneficial. While students can study practical midwifery quite well in the houses of the poor.

Trade has largely increased in the United States during the last two years, the value of property of all kinds has been enormously enhanced. Is there no one who has profited by all this prosperity prepared to earn the gratitude of this and future generations by munificently endowing the Boston Homœopathic Hospital?

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### PROFESSIONAL ADVERTISING.

THE physicians of Boston, United States, have inaugurated a measure of internal reform which the medical profession in England would do wisely to imitate forthwith. They have formulated a provision of their ethical code to the effect that “a physician should not append his name, or permit it to be appended, to certificates in laudation of speculative health resorts, health excursions, nutritive or dietetic preparations, proprietary formulæ, wines, mineral waters, beverages of real or supposed medical efficiency, or other hygienic materials.” This is a sweeping and practical, but highly necessary, act of self-purgation that the body to which we belong, and in the name of which we claim to speak, sorely needs, and which would sensibly enhance its social and scientific status. The growing practice of attaching the names of members of our cloth to articles sold to the public has reflected no little discredit on the profession in general, and on the individuals who have lent themselves to the more than equivocal practice at which this timely resolution has

been aimed. It is not important to inquire whether we in England or our brethren in America or on the Continent are the greatest offenders; let it suffice to recognise that the procedure is an offence. There can be no room to question what the giving or lending of names, colourably to accredit the places, remedies, and appliances with which they are connected, *really* means, and to what it amounts. The name of the person is more in request and estimation than the name of the locality or article to which it is prefixed or appended. When a physician allows himself or others to affix his *imprimatur* to anything which is destined to be advertised, he is plainly permitting *himself* to be advertised. It is useless to mince matters. This is the long and short of the proceeding. Unless, therefore, the medical profession is prepared to place itself on the footing of a fraternity of tradesmen, advertised and recommended by the goods they sell, a stop must, in some way, be put to this form of touting.

We are not disposed to adopt impracticable views of the professional life and its permanent interests. It may be assumed that physicians must live, and live by their calling; but there are two totally distinct and divergent ways of seeking prosperity. The practitioner may strive to make good his reputation by the diligence and excellence of his work, or he may resort to forced and artificial means of acquiring publicity. Practically there is little, if any, difference between allowing a name to be emblazoned on the label of proprietary medicine, or printed at the foot of a testimonial to the excellence of some article of commerce, or inserted in the pages of a guide-book, and displaying it on handbills to be distributed in the street. We will not hesitate to say that when, as happens nearly every week, we are asked to denounce the "unprofessional conduct" of some struggling practitioner who, perhaps, touts for patients by the distribution of printed cards or handbills, we are bound to remember that some of the best known names in the profession are advertised in a fashion not one whit less objectionable. It may seem more respectable to advertise indirectly and under cover of giving a guarantee to the value or purity of some drug or dietetic compound, than to vaunt the skill of an individual directly, but the practical question involved is at the most only one of method. The deed done is the same under all its various forms and disguises. We do not find barristers courting publicity in this way. Why should physicians and surgeons, and the practitioners of medicine generally, be less jealous of the dignity of their calling than those who practise in the law? It is time to look this question of internal reform fairly in the face, to recognise this artifice in its true character, and to reform it altogether.—*Lancet*.

## STATE HONOURS TO HOMŒOPATHS.

WE learn from a statement in the *Times* of the 5th ult. that Dr. Love, of Paris, the president of one of the French Homœopathic Medical Societies, has received the Legion of Honour. A mark of distinction which, the *Times* correspondent says, is "a triumph for homœopathy, which has created no little irritation in the opposite camp." Dr. Love, who is of English extraction, has for many years enjoyed a large and fashionable practice, and occupied a leading position in Parisian society.

A similar honour has, we are informed by *Bibliothèque Homœopathique*, been conferred upon another French colleague, M. le Dr. Partenay.

## A PRIESTLY ANATHEMA !

THE *Echo* is responsible for the following singular statement:—"The parish priest of Sandonie, in the diocese of Kerida, Spain, has declared from the pulpit that the last absolution, extreme unction and Christian burial will henceforth be refused to any parishioner who allows himself, or whose kindred allow him to be treated by any but duly qualified medical practitioners. All men, women, or children who are treated homœopathically will be deprived of the rites of the Roman Catholic Church, and treated as Moors or Jews." Has not this thorough-going partisan of traditional medicine earned a special vote of thanks from the Irish College of Surgeons for thus "Boycotting" the dead?

## OBITUARY.

## WILLIAM FORBES LAURIE, M.D.

DR. LAURIE, who has for many years past practised homœopathically in Dunstable and its neighbourhood, died suddenly on the 3rd of last October. He was born at Budleigh Salterton, nearly seventy years ago. He received his earlier education at Mill Hill Grammar School, and subsequently studied at Trinity College, Dublin, and afterwards at the University of Edinburgh, where he graduated in 1838.

During the last two years of his life he officiated as physician to St. Saviour's Cancer Hospital, Osnaburg Street, an institution in which he took much interest.

## CORRESPONDENCE.

## INTERNATIONAL HOMŒOPATHIC CONVENTION.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—I shall be much obliged if you will allow me, through your pages, to bring before our colleagues the following outline of the probable business of the approaching gathering:—

On Tuesday, July 12th, after the President's address, the reports from the different countries as to the history of homœopathy for the last five years, and its present condition therein, will be before the meeting, and discussion will be held on the best modes of improving our position and furthering our cause.

On Wednesday, the 18th, the Institutes of Homœopathy and Materia Medica form the subject of the day; on Thursday, the 14th, Practical Medicine and Gynæcology; on Friday, the 15th, Surgical Therapeutics, Ophthalmology, and Otiatries. From the papers under these headings, received or promised, the following topics present themselves for discussion, and have been (provisionally) adopted as a programme :—

WEDNESDAY.

1. The selection of the remedy, with especial reference to individualisation and generalisation.
2. Alternation.
3. The relative value of clinical and extra-clinical evidence as to the efficiency of infinitesimal doses.

THURSDAY.

1. Homœopathy in hyper-acute diseases—dysentery, cholera, yellow fever, and in hyper-pyrexia.
2. The possibilities of medicine in cancer.
3. The treatment of affections of the os and cervix uteri.

FRIDAY.

- 1.
2. The treatment of iritis, simple and syphilitic.
3. The place of homœopathic medication in ear disease.

It will be observed that the subject for discussion under the head of Surgical Therapeutics remains a blank. Upon this branch of our science *we want papers*. It is not so with the others. We should not refuse fresh essays, if they were worth acceptance; but we have no need to invite them. Our object in publishing the above information is to invite debaters on the various topics. It will be remembered that the essays are not to be read at the meetings, but printed beforehand, and furnished to anyone who applies for them with the intention of taking part in the discussion on their subjects. I shall be glad to receive the names of all such as soon as may be convenient, and will see that they receive in good time the papers belonging to the matter they select.

I am, Gentlemen,

Yours very faithfully

(For the Officers of the Convention),

RICHARD HUGHES.

86, Sillwood Road, Brighton.

Feb. 5th, 1881.

## NOTICES TO CORRESPONDENTS.

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••• *We cannot undertake to return rejected manuscripts.*

Dr. BLUMBERG's paper is in type, and will appear in our next number.

### INTERNATIONAL HOMŒOPATHIC CONVENTION.

Dr. BAYES requests us to acknowledge subscriptions of a guinea each from Dr. A. STOKES, Dr. WOODGATES, Dr. SHEPHERD, Dr. PURDOM, Dr. STILES, Dr. SANDBERG, and Dr. KENNEDY (Newcastle).

Communications, &c., have been received from Dr. BAYES, Dr. ROTH, Dr. GUTTERIDGE, Capt. MAYCOCK (London); Major VAUGHAN MORGAN, Dr. HUGHES (Brighton); Dr. HAYWARD (Liverpool); Mr. NORMAN (Bath); Dr. GUINNESS (Oxford); Dr. COOPER (London).

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## BOOKS RECEIVED.

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*Report of the Bath Homœopathic Hospital.*  
*Report of the Oxford Homœopathic Dispensary,*  
*Homœopathic World.* London.  
*The Chemist and Druggist.* London.  
*The Students' Journal and Hospital Gazette,*  
*The American Homœopathic Observer.* Detroit.  
*Homœopathic Times.* New York.  
*The Medical Call.* Quincey, Illinois.  
*The Homœopathic Expositor.* Ithaca, New York.  
*The New England Medical Gazette.* Boston.  
*Hahnemannian Monthly.* Philadelphia.  
*United States Medical Investigator.* Chicago.  
*Homœopathic News.* St. Louis.  
*Bulletin de la Soc. Med. Hom. de France.* Paris.  
*Bibliothèque Homœopathique de France.*  
*Revue Homœopathique Belge.* Bruxelles.  
*Allgemeine Homöopathische Zeitung.* Leipsic.  
*Homöopathische Rundschau.* Leipsic.  
*Rivista Omiopatica.* Rome.  
*El Criterio Medico.* Madrid.  
*Bolitin Clinico.* Madrid.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE PROGRESS OF HOMŒOPATHY.

THAT homœopathy presents the physician with a means of selecting drug-remedies, such as no other basis of prescribing will afford him, is the experience of all who have tested it and other methods. That homœopathy is still protested against as absurd, denounced as quackery, and regarded as a deception by a large number of medical men, is well known. It is, however, equally true that not a few who "pooh-pooh" it in an affectedly contemptuous manner, prescribe homœopathically every day of their lives, and obtain their power so to do from works on homœopathic *Materia Medica* and practical medicine! Practitioners of this class are, probably, in at least one way, doing a greater injury to the spread of a knowledge of homœopathy than are those who loudly and ignorantly declaim against it. They are doing so, because their mode of practice is supposed to be what it is not. They are believed by the public, and by their medical brethren, to be opposed to homœopathy; and, so far from being supposed to practise homœopathically, are understood to be prescribing on the lines of traditional medicine.

That these persons do a great deal of good to their patients, is unquestionable. That such a *sub rosâ* mode of practising homœopathy should be an inevitable step in its progress, may be admitted. But nevertheless, we cannot ignore the fact that, through it, results are obtained which are due to causes widely differing from those to which they are ascribed. Such an error as this does much, we may be sure, to sustain the reputation of the therapeutics of the schools; while, in proportion as it does so, is the progress of homœopathy hindered. It proves a difficulty in our onward movement which was scarcely contemplated five and twenty years ago. It is a difficulty which we can only meet by making homœopathy more clearly known, more fully understood. The kind of practice to which we have referred is, after all, only a phase of empiricism; there is nothing scientific, nothing rational about it, and hence there is no real life in it.

Empiricism has its foundation in individual observation. A physician has, for example, heard that *ipêcacuanha* is a good thing in vomiting. He is startled by the statement, doubtless, for he has always regarded this drug as an emetic. But he tries it in a case that has given him a great deal of trouble, and that to very little purpose. The *ipêcacuanha* at once cures his patient. Forthwith, it is heralded forth as a remedy in vomiting, without the slightest notion of a reason why it should be so, but simply because some one had seen a certain number of persons, in whom vomiting was a prominent symptom, recover after taking it! As, however, vomiting arises from several morbid states, and as *ipêcacuanha* will not, and does not relieve this symptom under any and all circumstances, it fails to do good in a proportion of instances. Where it will do good, and where it will not, empiricism cannot predict. Homœopathy can.

*Ipecacuanha* is perfectly homœopathic to some cases, to others it is not so at all. It is of this homœopathic relationship of the drug to the disorder, that the mere empiricist is ignorant, it is his ignorance of this that restricts his success in the use of the drug. He is successful occasionally he knows not why; he fails now and again, and cannot account for his failure. Precisely the same may be said of a constantly increasing number of medicines, such as *pulsatilla*, *bryonia*, *nux vomica*, and many others, whose remedial actions have been learned from the writings of homœopathic practitioners.

To direct attention to the missing link in the empirical chain is now the great duty of the homœopathic physician. He, and he alone, can do so effectively. The responsibility of extending a knowledge of the truth which underlies the selection of medicines as remedies in disease rests upon him. Just in proportion as he is active in making this truth known, wherever and however he can, will be the length of time ere the prevalent empiricism, which has its origin in homœopathy, is converted into a scientific and rational therapeutics.

How this can best be accomplished is a question which ought to engage the earnest consideration of all who desire to see their profession become more useful, and the treatment of disease everywhere based upon the solid rock of science.

Every means should be employed to induce medical men to study homœopathy, to understand what it really is, and to see the connection which exists between some of the curative properties of some of the most approved remedies and the diseases they are known to cure.

In London two Institutions exist, the chief object of the one and the sole purpose of the other being to supply

opportunities for affording the very information we desire to disseminate.

We claim for the LONDON HOMŒOPATHIC HOSPITAL and the LONDON SCHOOL OF HOMŒOPATHY the hearty support of all who desire the extension of a knowledge of homœopathy—and we feel sure that we shall have it. There may be those who would wish that some things were differently managed in both. There is probably room for improvement in each. But we maintain that in these institutions the time, thought, and energy of men who are abundantly worthy of confidence, have long been, and still are, devoted to rendering them serviceable in promoting a knowledge of homœopathy. When we have good reason to know that such is the case, when we are also assured that any practicable suggestions for increasing their efficiency will be heartily welcomed and fully considered, surely we ought to sustain the hands of those who direct them in every way in our power!

Never before was our HOSPITAL in such good condition as it is now; never were its wards better supplied with cases suitable as material for clinical instruction than they are to-day. An attempt made some time back to account for its low rate of mortality, on the hypothesis that the cases admitted were not of a serious order, met with a refutation which was unanswerable. Endeavours (which, we regret to say, some homœopathic practitioners have been found capable of making) to depreciate the value of our hospital on these very grounds, have proved equally futile. True, a few years ago, the cases admitted were small in number, mostly chronic in their nature, and devoid of interest from a clinical point of view. But it is far otherwise now. An average of forty-five occupied beds is maintained, and the patients exhibit nearly every form of acute, non-contagious

disease; thus affording ample scope for the study of homœopathic therapeutics.

To the sustentation, the extension and the utilisation, for clinical teaching, of this important and well-ordered charity, we must devote ourselves with ever increasing energy. It is not, as we have frequently remarked in these pages, a merely local charity about which we have to concern ourselves, but one of proportions much more far-reaching; it is a national institution. It is the only hospital in the country which offers facilities for the clinical study of homœopathy; the only one in which arrangements are made for this purpose.

Just in proportion as our desire that our allopathic medical brethren should enquire into the merits of homœopathy is a real anxiety, and not a merely sentimental wish, will be the degree of active interest we take in the prosperity of the London Homœopathic Hospital.

Equally entitled to our support, having equal claims upon us to do all in our power to extend its sphere of usefulness, is the LONDON SCHOOL OF HOMŒOPATHY. The period of five years, during which it was originally intended that it should remain in operation under the constitution then framed for it, expires in the ensuing winter, and we have heard that the committee intend to propose that some alterations shall now be made in this respect.

The idea that the late Dr. QUIN had when he founded the hospital was that from it a medical school should be developed. Many years ago an effort was made in this direction. From some cause or other—it would be useless now to enquire too closely as to what that cause was—the attempt failed. When a determined effort to resuscitate the public teaching of homœopathy was made five or six years ago by Dr. BAYES, and fully discussed at the Clifton

Congress in 1876, a large majority of the members present recommended that it should be kept separate and distinct from the hospital. The feeling of want of confidence in the hospital, which was so painfully obvious throughout the meetings of that day, rendered it impossible to unite the two institutions without imperilling the safety of both. Consequently a separate committee and a separate staff of officials have managed each. The increased expense and labour thus involved have been considerable, and it has been obvious for some time that, if possible, it would be most desirable that the work of both hospital and school should be directed by one board. This, which was impossible five years ago, is perfectly practicable now. Much greater confidence is felt by homœopathic practitioners in the hospital than was the case then, and we believe that, were our colleagues in the country to visit the hospital and inspect the work done there, this confidence would be yet greater still. And, further, there is no doubt at all in the minds of those who have watched the progress of the hospital recently that it has been greatly benefited by the influence the school has had upon it. We do not assert that it is perfect—that it is in every respect all we could desire that it should be. Nothing of human contrivance is. Probably a carping, cynical, perpetually fault-finding critic might be able to discover opportunities therein for the display of powers of mischief-making; but that it is doing a really useful work, that with simple fair play it has within it the power to do much more, and that it is fully entitled to the confidence of all who feel a genuine interest in the progress and development of homœopathy, is incontestable.

Such being the case, we can see no objection to a proposal, should such an one be made, to unite the hospital and school under one management, provided (as

we believe it is intended should be the case) that the funds are kept separate.

Further, there appears to be some likelihood that a course of lectures on Clinical Medicine will be substituted for that on Systematic Medicine, which has been delivered by Dr. DYCE BROWN during the last five years. This, and the course on Materia Medica, would in that case form the medical school department of the London Homœopathic Hospital.

The lecturer on Clinical Medicine must of course be one of the physicians to the hospital, and should be selected from among the staff by the medical governors of the school.

For the lectureship on Materia Medica, all homœopathic practitioners, whether attached to the staff of the hospital or not, ought to be eligible, and should be chosen by the same constituency.

An arrangement of this kind will, we think, meet the views of all who are prepared to rest content with a scheme for the public teaching of homœopathy that is practicable. Others, whose aspirations are of a more utopian order, who would have us desist from such teaching until we can obtain for our lectures the recognition of one or more of the licensing boards, will of course not be satisfied. This we regret, but cannot very well avoid.

Neither can we look for the sympathy of the few, and they are happily very few, who deprecate the public teaching of homœopathy in any way. This of course is hopeless.

Nevertheless, we feel sure that, if all those medical men who, practising homœopathy, desire above most things to take an active part in hastening the adoption and practice of homœopathy by the entire profession of medicine, will but exert themselves to bring before allopathic medical men and students of medicine, the importance of enquiring into homœopathy, and the advantages offered to them by the

hospital and school, there is a large field of useful work still in store for both.

It is interesting, and encouraging also, to remember that in his efforts to establish the London Homœopathic Hospital, the late Dr. QUIN encountered no small measure of opposition, one he described as "violent and unprovoked." That opposition the hospital has now completely surmounted. No one, we believe, can be said to wish it anything but prosperity, and if all will but exert themselves to promote its interests, its prosperity is assured.

The London School of Homœopathy during the five years of its existence has had to go through much the same experience as did the hospital. It has been the subject of much "violent and unprovoked opposition." And, like the hospital, it has not succumbed to detractors. It has not succeeded in accomplishing its purpose so fully as its friends hoped that it would have done, and have earnestly laboured that it should do. Such lack of success as it has endured has, however, been entirely due to its detraction by a few who profess to desire that homœopathy should be better understood and more generally known! Albeit, some of the most active and bitter of these gentlemen have rarely, if ever, done anything calculated to give practical shape to their wishes. Hard words, it is said, break no bones; but the persevering application of contemptuous epithets to an institution by men, whose professions would lead most to suppose that it was one that would have their hearty support, is well calculated to retard its progress and hinder its usefulness. For such persons to speak in terms of ridicule of an institution designed to teach homœopathy is certain to render the best efforts to promote its efficiency nugatory to some extent.

To describe the school as a "farce," a "sham," and a "so-called" school might be expected from bitter oppo-

nents of homœopathy. It is not from such, however, that we have heard these unjust, contemptuous and opprobrious epithets; but from a few who have long professed to believe in homœopathy, who have ever expressed their desire for its propagation, from some who owe everything, position, reputation, power to control disease, to homœopathy, but at the same time—as might perhaps be expected—men to whom the present position of homœopathy in this country owes but little, and its practical development still less.

From other quarters a certain amount of opposition, but of a totally different order, has come, though it has, unfortunately, rather assisted than counteracted such as that we have just described. Some have thought that we have not aimed high enough, that we should be satisfied with nothing less than the recognition of our lectures as part of the medical curriculum by the licensing boards. We have shown over and over again that anything of this kind is, in the meantime, impracticable and impossible. We must mount the lower steps of the ladder before we can reach the highest. Opponents of this type do, we know, not only profess, but really desire, the extension of homœopathy; and we feel that the school has a right to their full support if only on the ground that the method pursued by it at present is the only one that is at the moment practicable. While, if we can make the present method of teaching successful, there is a reasonable hope that the plan which they desire to see in operation may in the end be carried out.

In spite, however, of all the opposition that the school has encountered, the foundations of an institution for teaching practical homœopathy have, during the last five years, been securely laid. A sum of money has been obtained, the suitable investment of which will go some

way towards defraying the future expenses of a school. This sum has been derived, not from annual subscriptions (which have been expended as they have been received), but from donations of £10 and upwards. It now amounts to about £2,000. The interest of this, together with the annual subscriptions that will be continued and, it is hoped, added to, will suffice to pay the rent of the lecture room, salary of the lecturer on Clinical Medicine, the *honorarium* to the Hahnemann lecturer, and the general expenses incidental to carrying on a public institution.

We have, then, good reason for asserting that the foundations of the school have been securely laid, and, provided that all who desire the progress of homœopathy will give it their countenance and support, it will in a few years become an institution exerting a wide and beneficial influence.

The work of initiating the school was no small one, while that of carrying it on in spite of much unkindly and ungenerous censure, regardless of the imputation of sinister motives, and undeterred by efforts (which we will not qualify) to render the school a failure, would have tried the courage and constancy of most of us. Few, we think, would, from a simple and sincere desire to extend the advantages of homœopathy, have gone through so much labour, have borne with so much obloquy as Dr. BAYES has done in founding and carrying into effective operation the London School of Homœopathy. He has, we know, felt fully assured that in this work he has, save in a few matters of detail, had the complete confidence and hearty support of the large majority of his homœopathic brethren. Men who are thoroughly in earnest in pursuing a useful object, are apt at all times to go a-head a little too fast. But in pressing forward and in carrying out a well defined and perfectly practicable scheme for the public teaching of

homœopathy, Dr. BAYES has had, and that most deservedly, the support of by far the larger proportion of his homœopathic medical brethren.

The work he has done has been accomplished in as thoroughly disinterested a manner as any could have been done. By undertaking the conduct of this movement, Dr. BAYES had nothing whatever to gain, save the consciousness that he was doing good, that he was doing that which was calculated to extend a knowledge of homœopathy.

That work of this kind should pass unacknowledged, unrecognised, would be discreditable indeed to those the fulfilment of whose desire it has been designed to accomplish. We are happy to know that it will not so pass.

Dr. BAYES being about to retire from London practice, the opportunity has been deemed a fitting one for his medical brethren to express to him, in a public manner, their sense of the services he has rendered to homœopathy, not only in establishing the London School of Homœopathy, but in devoting much time and thought to the sustentation of our hospital. That this recognition of the efforts he has put forth may be made as effectively as possible, forty homœopathic practitioners have invited him to a dinner to be given in his honour at the Grosvenor Gallery, in Bond Street, on Wednesday, the 27th of this month. We trust that there will be on that occasion a large gathering of homœopathic practitioners, both from London and the country, to join in this demonstration of gratitude to Dr. BAYES. Several gentlemen, unconnected with the medical profession, who, having warmly supported Dr. BAYES in his efforts to promote homœopathy, have expressed not only their hearty concurrence in this step, but their desire to take part in it, will also be present.

We trust that the occasion will be one which will stimulate all who are interested in the progress of homœopathy to more thorough co-operation, more real unity of action, in the development of institutions whose sole aim is to extend a knowledge of homœopathy, and to make its practical advantages more widely felt.

## HOW TO STUDY THE MATERIA MEDICA.\*

By ALFRED C. POPE, M.D.,

Lecturer on Materia Medica at the London School of Homœopathy.

IN concluding my lectures for this session, I must express my regret that I have not been able to bring before you the actions and uses of a larger number of drugs than I have done. My aim, however, has been, as I stated that it would be in my introductory discourse, "to bring under your notice as many of those drugs which have received a full experimental investigation, as our time will allow me to do, with some approach to thoroughness." I am quite aware that I have but barely succeeded in making an *approach* to thoroughness, in my survey of each drug's action, but I trust that, so far as I have gone, I may have been of some help to you in your further study of homœopathy.

My endeavour has been rather to show you how you may, as I think most advantageously, study the Materia Medica for yourselves, than to go cursorily through a large number of drugs. To have brought under your notice the entire series of medicines which, having been experimented with on the healthy body, have been rendered available for the use of the homœopathic practitioner, would have been impossible. Hence, it appeared to me that it would be more useful to you, were I to describe the properties of some of the most important, in such a manner as to give you an idea of the way in which all should be studied.

The great secret of scientific success in medicine lies in "precision."

Precision in diagnosis will prevent you making many mortifying blunders. Precision in the selection of medicines will enable you to make many gratifying cures. This precision can, in the latter instance, only be secured by a careful individualisation of each case, and of each remedy. I have repeatedly impressed this upon you during the last six months, and most earnestly do I desire that you should leave this lecture room with that word *individualisation* ringing in your ears.

\* The concluding portion of the final lecture on Materia Medica, at the London School of Homœopathy, March 14th, 1881.

Remembering this word, and ever acting upon its full meaning, you will become accurate prescribers of medicines, and being so will be successful practitioners.

Study then your cases, and examine your *Materia Medica* with the object of individualising. When you have formed a clear conception of the nature of your patient's ailments, you will, from the knowledge you have already acquired, and by further reading may presently acquire, readily recognise the group of medicines, the pathogeneses of which will most probably correspond to the condition you are anxious to cure. Take then that group of medicines, and compare the symptoms each produces with those presented by the case before you.

Do this repeatedly, do this as often as you can, and, believe me, you will obtain a knowledge of *Materia Medica*, a facility in handling remedies, and a success in the treatment of disease, which will far more than reward you for the trouble you have taken in endeavouring to secure it.

This kind of work must be pursued perseveringly. Directly a homœopathic physician comes to the conclusion that his knowledge of *Materia Medica* is sufficient for "all practical purposes"—as the phrase goes—and forthwith allows his *Materia Medica* and Repertory to become dusty from disuse, then and there does his success in the treatment of disease begin to wane. The number of patients cured will become smaller, in proportion to those prescribed for, than they were wont to be; he will gradually lapse into the occasional, and then the frequent use of palliatives, and, disappointed that his cases do not turn out so well as they did previously, he will presently resort to gross doses of empirically chosen drugs, until the difference between his prescriptions, and also between his success, and the prescriptions and success of his allopathic neighbours, will be but comparatively slight.

I remember an exceedingly well informed homœopathic physician, who died a few years ago, saying to me on one occasion that he did not then make such good cures as when he first began to practise homœopathy, and the reason he gave was, that his early success had brought him so large a practice, that he had not then time to study his cases, by the light of the *Materia Medica*, so thoroughly as he did when his success in treatment was greater. "In the early days," he said, "we went to the *Materia Medica* for every case. Now when do we go?"

Then, gentlemen, I urge you once more, while you have yet time, while patients are comparatively few, I urge you to examine the *Materia Medica* in your search for each medicine you prescribe. Compare the symptoms of the disease, with those provoked by the drug in health, and prescribe that which corresponds most closely to your patient's case.

Allen's *Encyclopædia of Materia Medica* is a stupendous work, one that has an overwhelming appearance. But, after all, it is not, as the young lady of the period very commonly observes, so "awfully awful" as it looks. It is an expensive work, but it will repay the practitioner who possesses it over and over again in a very short time. It is the only collection of drug pathogeneses extant from which you can gather a conception of the value of the symptoms recorded. I need hardly say that, in such a vast store-house, the grains of wheat are not all of equal value; some are very small, some are mouldy, others are imperfectly formed. But by a reference to the source of a symptom—and all such sources are there given—you can learn whether it was taken from a case of poisoning, or from a voluntary proving, or from a case of disease in which the drug prescribed was held accountable for its production. You also learn the dose which was used in most instances; and, further, you know the name of the physician who is responsible for the record. These facts enable you to gather some idea of the value of each.

Of the great utility of this *Encyclopædia*, and of the feasibility of studying it, as a work of reference, I am constantly feeling more and more assured. None, that I know of, equals it; nay, more, none approaches it in its value.

I have spoken so far of the *Encyclopædia* as a work of reference; I must, however, make a remark or two on, what appears to me to be, the best way for a student of *Materia Medica* to study it.

Take, for example, the list of medicines in Dr. Hughes' *Pharmacodynamics*, and endeavour to familiarise yourselves with their *differentiæ* in the following manner. Read a chapter in Dr. Hughes' work on one of these drugs, say, for example, *phosphorus*. Dr. Hughes gives you an admirable account of the uses, and 'probable mode of action of this drug. What more, you will perhaps say, then, do we want? You want, I reply, not only an

acquaintance with the names of the diseases to which *phosphorus* is homœopathic, and the *post mortem* appearances present in persons poisoned by it, with the interpretations, physiology, and pathology, as at present considered, supply; but you want to know what are the special symptoms produced by *phosphorus* on the healthy body, which have led to its being successfully prescribed in the diseases named. This you can only discover by reading the symptoms recorded in the proving, and comparing them with those that mark the disease it is known to cure. Take, for example, the symptoms generally marking the course of a case of pneumonia, and see how far and to what kind, what variety of pneumonia, the symptoms excited by *phosphorus* on the circulation, the air passages, and the lungs correspond. In what degree, and in what sense, they are like them.

Endeavour also, from studying groups of symptoms and cases of slight poisoning, or well reported provings, to ascertain the kind of alteration in the general condition of a person's health a given drug will produce. See to what this leads up. Notice especially the symptoms most frequently recurring in the pathogenesis of a drug. These you will generally find to be those which are the most characteristic of its action. For example, in the instance of *pulsatilla*, of which I gave you some account ten days ago, you will find that a certain form of dyspepsia attended nearly every morbid state simulated by the action of the drug: The symptoms of headache, catarrh, amenorrhœa, leucorrhœa, gout, and rheumatism, which have indicated it as a medicine in these disorders, have all been attended by more or less dyspepsia of the kind produced by *pulsatilla*.

On the other hand, you will meet with drugs, such as *sulphur*, *calcareæ*, &c., which seem to have a decided influence over every organ and tissue of the body. The difficulty of finding a primitive action, out of which all the rest are deducible, is well-nigh impossible in these substances,—or rather, I should say, has been found to be so, so far,—for nothing would appear to be impossible to the future.

Thus, if you will study the *Materia Medica* from a clinical point of view, and also each drug as a whole in reference to the phases of disease which it has been known to cure, you will, I am sure, in time gain a mastery of the subject—one, second in importance to none in the suc-

cessful practice of the art of medicine; a mastery which you will find to be of incalculable advantage to you.

Pathology is an invaluable, but still an imperfect science. Upon it you must base your diagnosis of disease, and upon it, conjointly with what you know of the effects of remedies, will your prognosis be formed. From it, likewise, will you obtain the knowledge which will enable you to form groups of medicines in reference to particular forms of disease. But no known pathological facts will enable you to distinguish between the pneumonia curable by *phosphorus*, that requiring *bryonia*, and that which alone will yield to *tartar emetic*. A study of the symptoms and physical signs of pneumonia will inform you that an inflammatory process is going on in the air cells of the lungs. A study of the action of these three drugs will also lead you to believe that a similar condition will be set up by them. But there are no known pathological facts which will enable you to ascertain which of these drugs will cure a given case of that disease, and which will not. This question can only be answered by a careful comparison of the symptoms produced by each with that presented by the case before you.

And if this be true of so well understood a disease as pneumonia, how much more true is it of those complex cases of chronic disease that ever and anon come under our notice, cases on which pathology has as yet shed but little light—cases where anything like a diagnosis at once comprehensive and accurate is well nigh impossible? Here, most assuredly, the only way in which you can find a drug-remedy is by a comparison of the symptoms of disease with those of a drug. Happily, it is not merely the only way, but this only way is, when carefully carried out, a safe, and in very many cases, a sure way.

Such, then, is the *status præsens*. What the future may have in store for us I, of course, cannot say. It would be a matter for great rejoicing could we give a rational interpretation of every phenomenon occurring in disease and in drug action. This is the goal towards which all scientific investigations in the realm of practical medicine are pressing, but it is far distant yet. Meanwhile, however, people get ill and require to be cured to the best of our existing ability; and therefore, meanwhile, we must, to a very large extent—one sufficiently humbling to our pride—take our cue from the objective and subjective symptoms of a patient in selecting, from a group or

series of medicines, that which produces a condition most nearly resembling the one before us.

That the labour of acquiring a satisfactory knowledge of Materia Medica is irksome and tedious, I know full well—but I am equally sure that it is obtainable, and that too from the provings as presented in Hahnemann's manner—objectionable as I admit that it is. Therefore do not be discouraged. Go to your Materia Medica determined to master it—resolved that you will master it—and you will succeed. The difficulties, you will feel, have been felt by all of us, and just in proportion as we have been successful in the treatment of disease have they been overcome by us.

The late Dr. Wurmb, of Vienna, than whom few, if any, have ranked higher as successful physicians, few, if any, have worked harder, or with better results, in the development of homœopathy, has said, "I am not ashamed to acknowledge, that if, when I commenced the study of homœopathy, I had not had the most intimate conviction of the truth and excellence of the homœopathic fundamental law, such were the difficulties in the study of the Materia Medica, that they would have been near repelling me from it altogether." \*

We must yield then to the necessity imposed upon us, and yield earnestly too. And let us remember, that, difficult as may be our work in this department of medicine when performed, as it ought to be performed, Wurmb and those who, like him, have most keenly felt the difficulties involved in wading through, and obtaining a clear conception of the meaning of the many thousands of *indicationes morbi* contained in the provings of Hahnemann and his early disciples, are the very men who of all others most clearly understand the actions of the drugs comprising our Materia Medica.

When then you are told, as you perhaps will be told by some, that the Homœopathic Materia Medica, as it stands, is impossible of comprehension, do not credit the statement. It is not true. Rather believe that "what man has done, man can do."

Therefore do it.

And now, Gentlemen, I must bid you farewell, sincerely trusting that a very prosperous future may be in store for each of you.

\* *Æest. Zeit. für Homöop.*, Bd. I., Hft. 3, s. 27.

The class this year has been but a small one. There are, however, great difficulties, as you all know, in the way of inducing medical men and medical students to study homœopathy. And, unfortunately, there are other difficulties in the way of the public teaching of homœopathy, which have been raised by a few homœopathic practitioners; and, I fear, that of the two sets of difficulties, the latter are the more serious, as they certainly are the more disheartening.

But I firmly believe that patient perseverance in well doing will enable us to surmount them all, and that, in the near future, the London Homœopathic Hospital and Medical School may attract to its wards and lecture room a considerable number of earnest enquirers into the principles and practice of homœopathy. To that end, I and my colleagues who lecture here, will, you may rely upon it, spare no trouble, evade no labour.

It only remains for me to announce that Dr. RICHARD HUGHES intends to commence a course of lectures here, on the 3rd of May, upon Hahnemann's *Organon of Medicine*, a work with which all medical men ought to be thoroughly familiar. One which, inasmuch as it is not easy to be understood, requires to be read for the first time with an experienced commentator, and sure I am that no one is better qualified for this task than Dr. Hughes.

It is a work, the effect of which upon the mind has often reminded me of the Falls of Niagara. At the first sight of the stupendous cataracts, the observer fails to see much; he is, in fact, somewhat disappointed, they do not come up to his expectation—but the longer he gazes upon them, the more does his sense of their magnitude increase; while, as he takes different points of vantage-ground from whence to view them, he comes to feel himself in the presence of one of the grandest of nature's works.

So it is with the *Organon of the Healing Art*, by Samuel Hahnemann.

When read for the first time, its apparently exaggerated denunciation of traditional therapeutics, its necessarily antiquated physiology and pathology, and above all its dogmatic style, render it repulsive; but the oftener you read it the more clearly you understand it, and the more will you admire the profound learning it reveals, the prescience and ingenuity it displays. Hahnemann was greatly in advance of the day in which he lived, and nowhere is his position in

this respect rendered more distinctly than it is in the *Organon*.

All this, and much more to your advantage, you will have an opportunity of learning from Dr. Hughes, who is, as we all know, singularly well qualified for the accomplishment of the task he has, at so much personal inconvenience and labour, undertaken to perform. I trust that he will be rewarded by a full class room, and I hope that you will use what influence you may possess to induce others to avail themselves of this opportunity of rightly understanding and correctly appreciating the great work of the greatest physician of this century.

I hope to be able to resume my lectures on *Materia Medica* here on the 6th of October.

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## WHAT ARE HOMŒOPATHY AND ALLOPATHY.

BY A PHYSICIAN,

*Who has practised Homœopathically for a quarter of a century.*

WHAT are homœopathy and allopathy? They are the two principal modes of medical practice. Allopathy is the *old*, and homœopathy is the *new* mode of practice. The old method professes to be based on the "Traditions of the Fathers;" and the new to be based upon a "Law of Nature."

Both "schools" use, or enforce the use of, drugs or medicines, and hygiene or sanitary rules and appliances; and of surgical means. In the use of surgical means and hygiene both schools are on a par. All surgical and hygienic means and appliances are common to both schools, and both have an equal right to use them; and the use and employment of surgical and hygienic means does not differ materially in the two schools. What difference there is, is that the old school has carried the use of surgical means, and the new school the use of hygienic means, to the greater perfection.

In what, then, do the two schools differ? And what is the distinguishing characteristic of each? They differ in the use they make of drugs—in the manner of using drugs, and the quantity of the drug they introduce into the patient's body.

But what are drugs? Drugs are substances which, when introduced into the healthy body, derange it—make it unhealthy, that is, increase or diminish, or pervert some of the natural actions of the body, or the action of some of its parts. In order to be a drug, a substance must possess the power to derange or make unhealthy some of the healthy actions of the body; that is, it must be more or less a poison. This is the essential nature of a drug; namely, that it is less or more a poison. Drugs differ, however, in the degree and kind of their poisonous powers; each deranges or destroys the healthy action of the body or mind in its own peculiar way, and with its own peculiar degree of rapidity or slowness. Of *prussic acid*, for instance, one drop will kill an adult within a few minutes; of *arsenic*, a few grains in solution will kill within a few hours or days; of *mercury* (corrosive sublimate) a few scruples will produce death within a few days, or weeks; and so on with other drugs. Some drugs, as *tartar emetic* and *ipêcacuanha*, will pervert the action of the stomach of a healthy man, and make him vomit; others, as *jalap* and *senna*, will pervert the action of the bowels and produce diarrhœa; others, as *opium* and *belladonna*, will pervert the action of the brain, some in one way, some in another; *belladonna* to produce delirium; *opium*, sleep; tea and coffee, wakefulness; and others, as Indian hemp, will pervert the mind.

Now all these drug effects are *poisonous*, and if continued long, or greatly increased, might induce very disastrous results.

But why does *ipêcacuanha* produce vomiting, and *jalap* purging; and why does *opium* produce sleep and *belladonna* delirium? We cannot tell why; we only know that they do so; and we only find this out by experience—by their being taken either accidentally or purposely.

And why does it take scruples of corrosive sublimate to kill, and that not more rapidly than in a few weeks or days, when a few grains of *arsenic* will kill within a few days or hours, and a drop of *prussic acid* will kill in a few minutes? We cannot tell why, and only know that these things are so; and that only by accident or experience, or by the testimony of others. No examination of their structure will reveal the reason, and no amount or subtilty of analysing of them can find out. To the most expert chemist or physiologist one would be quite as likely as the other, and

quite as unlikely. To experience, and to experience only, must we appeal. It is, in fact, to common experience we are indebted for most of the drugs known up to very recent times. Experiments purposely made—scientific experimenting for the discovery of the powers of drugs and medicines—is of very modern date; it was, in fact, utterly unknown until Hahnemann inaugurated it.

In the infancy of our race, common experience revealed to mankind that certain herbs and other substances acted injuriously if eaten or drunk when they themselves were healthy; and these substances were thenceforward avoided or shunned, and named poisons and drugs. But common experience, or accident, also taught our ancestors that certain herbs and other substances acted beneficially when taken during sickness; that, indeed, the same substances which were poisons to them when they were well, were medicines to them when they were sick! Which knowledge Shakspeare has made immortal in the following lines:—

“ In poison there is physic; and these news,  
Having been well, that would have made me sick,  
Being sick, have in some measure made me well.”

And as to illness, common experience taught our forefathers that they were liable to upsets of the stomach by taking improper food; to taking cold by exposure; and to fevers and inflammations and various painful diseases. And as to the curative powers of drugs, the same common experience, or accident, taught them that the herbs or drugs that produce vomiting of the dangerous articles of food give relief of stomach-attacks brought on by offending articles of diet; also, that after these articles of food had passed into the bowels, and there produced pain, herbs and drugs that purge them out give relief thereby; also, that in fever, herbs and drugs that produce sweating tend to relieve the fever; also, that headaches, backaches, and other painful diseases not unfrequently subside after free vomiting, purging, or sweating; and, indeed, that the very same substance that would produce vomiting, or purging, or sweating, &c., when they were well, also would not unfrequently cure these diseases when they had been brought on by some other cause.

These observations, discoveries, and experiences were not lost on our forefathers, but were treasured up and transmitted from father to son, from one generation to another, so as gradually to accumulate and make up a

goodly store of "traditions of the fathers," and form a kind of "traditional" medical system; so that by the time of Hippocrates [born B.C. 460], styled "the father of medicine," they afforded sufficient data to enable him to make two grand generalisations as to the action of medicines, namely, that in some cases they act as contraries, and in some cases as similars. "He makes," says his translator, the learned allopathic physician, Dr. Adams, "the important remark that, although the general rule of treatment be '*contraria contrariis curantur*,' the opposite rule also holds good in some cases, namely, '*similia similibus curantur*.' It thus appears that the principles of both allopathy and homœopathy were recognised by the author of this treatise."

Now, these two principles of allopathy and homœopathy have become the names of the two main divisions of the medical profession. Allopathy means using drugs that act oppositely or differently, and homœopathy means using drugs that act similarly; that is, that in the treatment of disease allopathic practitioners use drugs that act either on other parts of the body than those that are affected, or, if on the same parts, act in a different way, or opposite way; whilst homœopathic practitioners use those drugs that not only act upon the same parts, but act in a similar way to the disease itself. For instance:—

I. *Allopathy*.—If a patient has had some anxiety or over-mental work which has produced headache, instead of giving him a drug that acts directly or specifically on the brain or its vessels which have been exhausted or dilated by the anxiety or over-work, allopathic practitioners give him a drug that acts on the bowels—a purgative—which gives him a temporary diarrhoea into the bargain.\*

If an infant, by taking cold, gets croup, instead of administering a drug that acts on the windpipe (which is the part inflamed), allopathic practitioners give emetics, which act on the stomach and produce vomiting! If by taking cold an adult gets inflammation of the kidneys, instead of giving him a drug that acts on the kidneys they

\* In the report, in *The Lancet*, of Nov. 27th, 1880, of a case treated in the Leeds Infirmary, by one of the leading surgeons—a case of concussion of the brain, resulting from a kick on the head by a horse, and which was so severe that the patient was unconscious—the reporter boasts that, "rest in bed, low diet, and free purgation, was the only treatment."

give him purgatives, which give him diarrhœa as well; or sudorifics, which induce excessive or morbid action of the skin—sweating!

The theory is, that by producing these medicinal diseases, that is, setting up disease in other parts, they divert the natural disease to less vital parts—veritable allopathy; *allos*—other. The power of drugs to produce disease; that is, to morbidly force on, suppress, or pervert the natural actions of the body, is that for which allopathic practitioners use them. And for this purpose they classify drugs according to the morbid action they produce—as stimulants (forcers), astringents (suppressors), alteratives (pervertors), emetics, purgatives, narcotics, and so on.

If a patient complains of severe pain, such as neuralgia, cramp, spasm, &c., instead of administering a medicine to cure the disease which is causing the pain, they suppress the natural function of the nerves of the part—benumb them—with *morphia* or *opium*! And if nature has not of herself cured the disease by the time the effect of the dose has gone off, they inject a fresh dose of *morphia*, or give another dose of *opium*, and again wait on nature! Even painful acute inflammations, such as pleurisy, peritonitis and rheumatic fever, are treated much in the same way; that is, by *opium* fomentation in the day; with *morphia* injection, or *chloral* at night! If a patient complains of constipation, instead of giving him a medicine to cure the cause of the constipation, they give a purgative to produce the opposite disease, namely, diarrhœa! If a patient has diarrhœa, instead of giving him a medicine to cure the cause of the diarrhœa, they give an astringent, such as *opium*, *acetate of lead*, or *pomegranate*, to suppress not only the morbid, but also the natural secretion of the bowels, and produce constipation!—*Contraria contrariis curantur*.

The best apology that can be given for such roundabout, rough and ready, unscientific, uncertain practice, is, that in some instances it does appear to substitute a more temporary or less dangerous medicinal disease for perhaps a more permanent or more dangerous natural disease, whilst nature herself performs the cure of the original disease.

*II. Homœopathy.*—Homœopathic practitioners, on the contrary, make no interference whatever with those parts or actions of the body that remain healthy, but direct their attention solely to the part that is diseased, and simply give a medicine that acts on the part diseased, and acts in a

similar way to that in which the disease itself is acting; knowing well, that such a medicine will at least act on the part that is diseased, and will not derange or pervert the action of any healthy part.

To use the same illustrations as before:—If a patient has had some anxiety or over mental work which has produced headache, instead of giving him a purgative to act on the bowels, homœopathic practitioners administer a medicine that they know acts on the brain, and on the same part of the brain that is suffering, and in a similar way to that in which the disease is acting; in fact, a drug that is known to have produced a similar headache in a healthy person. And so in a case of croup, homœopathic practitioners administer no emetics or purgatives, but give a medicine that is known to have inflamed the windpipe—in fact, to have produced a kind of croup. And again, in a case of inflammation of the kidneys, homœopathic practitioners administer no purgatives or sudorifics, but give a medicine that goes straight to the part affected; one, in fact, that has been known to produce inflammation of kidneys. And so, again, in a case of neuralgia, cramp, or spasm, they do not attempt to annihilate the power of sensation of the part, but they administer a remedy that acts on the same part in a similar way. The result is that *experience* justifies the practice, showing that, if the proper dose be selected, cure follows rapidly, safely and pleasantly.

It will, of course, be admitted that a drug that acts on any part of the body in persons in health, will go to the same part and *tend* to act in the same way in persons in whom that part is not in health.

In homœopathy the theory is that when given in small doses a drug will cure similar diseases in the sick to those that it will produce when given in large doses to the healthy—*similia similibus curantur*. Hippocrates, the father of medicine, said such was the case; and so did many other physicians after him; and Hahnemann, seeing not only the wisdom and philosophy of this action of drugs, but that recoveries thus brought about were not merely diversions of the disease to another part, but were real *cures*, direct and positive, safe, radical and permanent, set himself to the work of finding out whether such cures were only isolated instances, or were results of the operation of a rule in nature. He looked up the literature of the subject, and tested by this rule all reputed specifics,—i.e., all drugs

that were reputed to cure some particular disease—and as the result of much prolonged and painstaking investigation he found that the rule held good not “in some cases” only, but in *all* cases. He then set himself about finding out what diseased states drugs would produce, in order that they might be used to cure similar states when met with in practice. He and his friends then used these drug-effects as indications when to use these particular drugs. The practice thus inaugurated he named HOMŒOPATHY. And this mode of practice has now been adopted by hundreds of physicians in this country, hundreds on the continent, and thousands in America. And it has been proved—in both private and hospital practice—that under homœopathic treatment all the severe acute diseases, such as cholera, dysentery, scarlet fever, typhus fever, typhoid fever, yellow fever, diphtheria, inflammation of the lungs, bronchitis, inflammation of the brain, convulsions, insanity, &c., &c., the disease lasts a much shorter time, and presents a much less proportion of deaths, than under allopathic treatment; and that in chronic diseases, such as jaundice, ague, scrofula, syphilis, goitre, dysentery, &c., which only recover after “years” of old-school treatment, with “change of air and mineral waters,” cod liver oil, Turkish baths, hydropathy, &c., &c., are frequently cured in “months,” or even weeks, under homœopathy; and that many of those chronic diseases that are absolutely incurable under old-school medical treatment, such as constitutional cancer, consumption, syphilis, hydrocephalus, tumours, &c., are not unfrequently radically cured under homœopathic treatment.

Every large town and city in the kingdom has now its homœopathic dispensary; and several have also their homœopathic hospital. And a recent comparison of statistics between the London Temperance Hospital and the London Homœopathic Hospital, has shown conclusively that the homœopathic hospital has considerable advantage, in both economy and in success of treatment, over the temperance hospital, as the latter has over the non-temperance hospitals. Whilst another testimony, in the same direction, is afforded by the immense number of the poor who seek help at the homœopathic dispensaries in preference to the allopathic, though they are further from their homes. By a report of the Liverpool homœopathic dispensary, which has just fallen into our hands, we find that there were 49,289 indoor attendances, *i.e.*, about 160 every day; and 10,001

patients visited at their own homes, i.e., about 32 every day, during 1880! Shortness of illness, and rapidity of convalescence, are facts that the poor can appreciate.

So much for the *philosophy* of allopathy and homœopathy. Now for the *dose* :—

One of the most characteristic of the properties of “vital” actions—the actions of living bodies—is to keep themselves going for the allotted term of the life of the individual: and not only to keep going, but to go on in the natural, normal, or right direction or manner; just like the works of a watch under the influence of a spring. It is this property—this tendency to go on in a normal manner—that is the cause of the frequent recoveries that occur after injuries and diseases without any medical or surgical help at all—nature rectifies herself; and not only without help, but even in spite of the wrongly-directed attempts at help—the injurious interference with her efforts—by incompetent and mistaken practitioners. This power of natural recovery has received the name of *vis medicatrix naturæ*—the healing power of nature. This healing power of nature is stronger in some persons than others, as the spring is stronger in some watches than others; but strong or weak (until nearly worn out) it is always resisting the influences that would derange the actions of the body—the causes of disease—whether these be infections, atmospheric influences, or drugs. Hence, in order to produce their effects in the body—to derange the natural actions of the body, to thwart nature (having nature against them)—drugs must be exhibited in considerable quantity—in large doses; differing, of course, with the virulence of the drug: requiring, of *strychnine*,  $\frac{1}{12}$ th of a grain, of *corrosive sublimate*,  $\frac{1}{8}$ th of a grain, of *tartar emetic*, 1 grain, of *calomel*, 5 grains, of *ipêcacuanha*, 10 grains, of *rhubarb*, 20 grains, of *jalap*, 30 grains, and of *Epsom salts*, half an ounce: the dose required being with each drug simply a matter of experience. This dose—this poisonous dose—differs also in different individuals, according to the power of natural resistance—according to the power of the *vis medicatrix naturæ* of the individual, and according to the resisting power of the organ on which the particular drug acts.

This is the reason why the allopathic dose *must* be *large*—it must be enough to overcome the natural conservative power of the organ, whose action it is intended to derange.

And the reason why the (allopathic) dose has to be continually increased, if the use of the drug has to be continued long, is because the *vis medicatrix naturæ* gradually acquires power of resistance.

No wonder, then, that (allopathic) experience engenders dislike to the use of drugs, or that the older and more experienced practitioners prescribe so few drugs—often none at all.

The reason why the dose of an allopathically-acting drug has to be large is because its work is to *produce* disease;—to derange the natural action of the body, to change the current of natural action, to oppose and divert the stream of nature, and nature's torrent is against it; it has to overcome the natural health-preserving tendency of the *vis medicatrix naturæ*, and nature is arrayed against it.

The dose of a homœopathically-acting drug on the contrary, has nothing of these forcings to do, and has none of these oppositions to meet; it simply extends a helping hand to struggling nature. Nature is herself all the time struggling to rectify the perverted action—to calm the excited, diminish the stimulated, increase the sluggish, and restore the arrested action—and a homœopathically-acting drug goes to her assistance; and, as a very small magnet skilfully applied attracts from amongst the works of a watch the speck of metal that is preventing the wheels from acting in obedience to the efforts of the spring, so the small dose of a homœopathically-acting drug attracts the offending particle or atom that is interfering with the healthy action of the parts diseased. A very small dose is sufficient for this purpose—an infinitesimal dose. All nature's operations in the animal body are carried on with infinitesimals, absolute infinitesimals; not only microscopic cells, or nuclei, or even nucleoli, of cells, but with ultimate particles of organic compounds, nay perhaps indeed ultimate atoms of matter, far away out of the reach of our most powerful microscopes, or any of our means of detection. And here it is, in the recesses of nature's laboratory, where she works with ultimate atoms, that all the vital changes of health and disease and cure take place, and hither must be brought, dissolved in the blood, the particles or atoms of medicines, if they must take part in the operations of health and disease. No drachms, scruples, grains,

or half grains, or even quarter grains, are admitted here. Nor any of the surface-scouring doses of insoluble drugs sometimes poured into the stomach ; these only irritate the surface, and are washed away as a particle of sand is from the eye.

This, then, is the philosophy of the small dose of homœopathy, as the former is the explanation of the large dose of allopathy. In the one case the dose has to *produce* disease, and in the other to *cure* disease ; in the one case nature opposes, in the other nature assists.

The allopathic medicine for constipation, that is, to produce purging, may be *rhubarb* or *jalap* ; and for the purpose twenty grains of the former or thirty grains of the latter would have to be given ; one grain of the former or two grains of the latter would not answer the purpose. The allopathic medicine for purging, that is, to produce constipation, may be *opium*, *aromatic confection*, or *chalk mixture* ; and for the purpose one grain of the first, thirty grains of the second, or half an ounce of the third would have to be given ; a fraction of a grain of the first, a grain of the second, or a scruple of the third would not serve the purpose.

The homœopathic medicine for vomiting may be *tartar emetic* or *ipêcacuanha*, but who would venture to give the ordinary grain dose of *tartar emetic*, or the ten grain dose of *ipêcacuanha* in such cases ? The homœopathic medicine for purging may be *rhubarb*, or *jalap*, or *Epsom salts* ; but who would venture to give the ordinary twenty grain dose of the first, the thirty grain dose of the second, or the half ounce dose of the third in such cases ?

In allopathy the dose must be *large* ; in homœopathy it must be *small*. But how large, and how small, are, and must be, matters of mere experience in each case. As the allopath does not know beforehand how large a dose of any particular drug will be required to produce disease, so neither does the homœopath know from mere theory how small the dose of medicine will require to be made to cure disease, without aggravation. No mere theorising will serve here ; to experience must the appeal be made.

“ *Experientia docet.* ”

## DISPENSARY EXPERIENCES.

*(Continued from p. 754, vol. 24, No. 12.)*

By ROBERT T. COOPER, M.D.,

Physician (Diseases of Ear), London Homœopathic Hospital.

THAT homœopathy as a system of medicine can and must be simplified in its application to every form of disease is what I have all along insisted upon, and what every day's experience teaches me; but this improvement is to be effected only by a close and patient study of the physiological actions of our drugs, the rough effects they produce, and the class of diseases over which they exercise a sway.

Unless the practitioner has succeeded in acquiring this preliminary knowledge, his search after "pure symptoms" will be disheartening and tedious for himself, and uncertain in result for his patient. First let us understand the more material effects wrought by drugs, and then work out their finer shades of differences.

A gentleman once told me he objected to homœopathy as, after frequent and fruitless visits to one of its practitioners, the only consolation he received was the information that homœopathy had a remedy to cure him, only it was impossible to find it!

And how many of us, when we first commenced the practice of homœopathy, have felt this difficulty keenly, and have almost been driven like our colleague to excuse our system at the expense of ourselves? And is it not a fact that as years roll by we learn to apply our remedies with greater precision, and with far less inconvenience and labour to ourselves than when we began? the reason being that we have become more familiar, not with mere isolated symptoms, but with the general disposition to disease that is characteristic of the remedy. This being universally admitted, does it not follow that if our more experienced practitioners would exert themselves, and report more of their cases, and point out the indications that led them to select the remedies, the difficulties in the way of successful homœopathic practice would disappear, or would at all events be very much modified, and the beginner would be correspondingly encouraged to pursue his investigations? As it is, the difficulties in the way of

a successful pursuance of the homœopathic art are simply immense, notwithstanding the increase of voluminous tomes with which we have to weigh down our book-shelves. The best and simplest way of all to commence the study of homœopathy is for the student to read carefully well reported cases of provings in homœopathic literature, and of poisonings in allopathic, and from these to infer what are the directions taken by the medicine while coursing through the system. But we are not dependent for our knowledge upon either provings or poisonings; we can gather very useful information from carefully observing the way in which susceptible patients are affected by the medicines we administer to them, and with ordinary precautions can distinguish the truly medicinal effects from the natural influences peculiar to the disorders with which they are afflicted. To acquire the art of doing this should be the first care of every practitioner, an art to be learned only by studying the *Materia Medica* side by side with the reports of our cases.

The *soda chlorata* is a remedy I have often placed before the readers of our journals, and it affords an example of very useful knowledge being acquired without there being instituted any formal proving.

Take, for example, this case, in some respects as purely a homœopathic case as if it had fallen from the pen of Hahnemann himself, in others falling far short of Hahnemannian requirements.

Mrs. L., a woman of 36, prescribed for the 7th December, 1880, this being the statement of her case:—Six years ago had a fright a month before a confinement, which completely prostrated her, and had to keep her bed till the confinement came on, and after the confinement a fit seized her, which seemed to cause arrest of the flow of milk; then her left leg became swollen, painful and tender, and from that time she has suffered from “white-leg” (*Phlegmasia dolens*). Over eleven months ago had a miscarriage, and since then her feet and legs feel weak, and there is a tingling soreness, an indescribable feeling with pain in the feet as if they were about to quit connection with the rest of the body. Ever since the bad confinement six years ago her left leg and thigh have been swollen with redness of the lower leg and a white anæmic appearance about the knee. This leg pains her horribly, especially for a week after each monthly illness, a burning pain last-

ing all day—of late it has been much worse. Then she has pelvic bearing down, and very often the womb protrudes and remains out for some hours. There is much leucorrhœa, and the monthly illness, though regular, only shows itself by the discharge of black clots.

Her sleep is "a dead, heavy, unrefreshing sleep," her bowels are regular, but her appetite is very bad, and she feels very weak, and is losing flesh.

For these symptoms, or rather for the condition portrayed by them, I prescribed *soda chlorata*, three drops to go over a week. From the first she felt sick after each dose, and was no better until on the 3rd night (Thursday, the first dose having been taken on Tuesday at bed-time), she was seized with an attack of bilious vomiting, and has felt much relieved since then. The numbness in the feet is better, the left leg is not nearly so painful, sleep is much better; the leucorrhœa and the bearing-down sensation remain, but the womb is not protruding; altogether she feels better than she has done for twelve months.

The attack of sickness on the Thursday night I took to be an aggravation, or rather a disturbance of the system caused by the *soda chlor.*, and hence I now gave a drop three times a day of the third decimal solution.

On 28th December, 1880, a sense of tingling and want of sensation in the feet, more pronounced than before. The left leg, however, is much easier. Through the week her teeth have been quite loose, and feel as if they would fall out. The womb has been coming down very much, and has been having bloodless piles (rectal protrusion?), an altogether unusual occurrence.

From the combined improvement and exacerbation, I concluded a medicinal influence, and for this reason gave *sacch. lactis* pilules for the following week. At the end of it (1st January, 1881), complained of being light-headed, as if all her senses were going, and yesterday and to-day had cold shivers, continuing day and night, and accompanied by increase of heat, redness, and pain of the leg; seems to have caught cold; pulse weak, tongue natural.

To have *soda chlor.*, a drop for the next week.

11th January, 1881. In every possible way improved, feeling altogether different from what she did before seeking treatment; the size of the left leg is very much gone down; she sleeps and eats well, her spirits are much better, and there is now no bearing-down whatever.

There was no opportunity afforded for instituting a local examination, but the symptoms are significant enough by themselves to carry great weight. Studied along with the papers on *soda chlor.*, published by me in the *British Journal of Homœopathy*, it throws considerable light upon the action of the *hypochlorite of soda*.

As a companion case, this will come in well.

Mrs. E., aged 35. Five years ago was delivered with instruments, and has never been well since. Has been married ten years, and has had four children. Three weeks ago was seized with unusually violent attacks of vomiting and diarrhœa, and they keep coming on every *second* day. She gets bilious during the night, and then when morning comes she is seized with diarrhœa and inability to retain food on the stomach. She suffers with backache (low down), especially if she attempts to lie on either side.

Before this attack the bowels acted naturally, but now *great quantities of blood pass away without warning*.

Prescribed 12 drops of *mezereum*  $\phi$  for a week on 15th October, 1880, and by the 22nd she could keep food down, and felt better in every way, though a certain looseness of the bowels remained, and the backache was better. No blood passing.

To have another week's medicine. Seen again 14th December, 1880; report, perfectly well.

Hæmaturia is among the symptoms of *mezereum*, but rectal bleeding (*proct hæmorrhagia*) is not a recorded effect of it, hence the interest attendant upon the above case. Those who wish to study the action of *mezereum* may also like to read this case:—

Mrs. L., a woman of 52, came to me with pains of the right side of the face and head, with soreness and tenderness on pressure, a bursting pain in the ear going to the face and head; the pains continue day and night; has had it for a week. After last Christmas had an attack which continued for three months.

She feels puffy all over; otherwise well.

Prescribed 28rd April, 1880, *mezereum*  $\phi$  2 drops for the week.

May 4th. Face has been very much better, but yesterday and to-day was very bad. (Four days without medicine).

Continue medicine.

May 11th, 1880. Very much better, only feels very sleepy and has no energy for work.

This patient has remained perfectly well ever since ; I have had frequent opportunities of seeing her.

The key-note to the case was "bursting sensation in the ear," which I have found *mezereum* to produce. The proving has "tingling of the ears with great drowsiness," and it may be that the drowsiness complained of was medicinal. The great tenderness of the parts affected is characteristic of *mezereum* pains, especially of its bone-pains. The case was really one of ear-ache, of a kind that is very often followed by otorrhœa ; the symptoms are given as described by the patient ; there was no opportunity afforded of examining the ear.

The action of *mezereum* should be studied along with that of *manganum* ; these remedies have much in common, especially in their ear-symptoms.

The next case which illustrates the action of both *soda chlorata* and *mezereum* will come in well here, the more so as the subject of it is the daughter of the last patient.

Louisa L., aged 20, a tall, well-nourished girl, came 10th February, 1880, with general debility, with which for the last three years she has suffered at the fall of the year (*i.e.*, from November to spring-time) ; has much pain in the apex of the left lung ; her appetite is bad, bowels confined, and sleep restless, and for the last three or four months has fainted at the monthly illness, which is attended with a great deal of bearing-down ; is subject to back-ache.

Prescribed *soda chlor. φ*, gtt. v., for a week.

17th February. Feels better and stronger, but has very much pain in the left lung, and her appetite is bad and bowels confined. Continue gtt. x.

I may mention that there was no percussion dulness present in the left lung, though the breathing was rather rough. The family history did not point to phthisis. She went on with the *soda chlorata* till 2nd of March, and improved steadily ; the chest pain went, she felt stronger, and slightly better ; but the bowels, in spite of half-grain doses of *podophyllum*, given at bed-time, remained confined. I then gave ten drops of *mezer. φ* to go over the week, and on 9th March she reports considerable improvement ; and the bowels, although confined, act better.

To have gtt. xiv. for a week.

March 16th. Is very much better, but has been having face-ache very much on the right side—a dull pain, worse at night (aggravation?). Bowels all right.

No back-ache; monthly illness came on last week, and felt much better during it than she had been for three months; no tendency to either fainting or suffering. For the next week *sacch. lactis* was given, and for the week following this *mezereum* again.

On the 6th April, 1880, reported herself quite well, and I can testify to her having remained so ever since.

These cases teach the value to be set upon *soda chlorata* and upon *mezereum* in cases of pelvic congestion, and also in neuralgia, where the condition of system corresponds to the remedy.

### “PERITYPHLITIC ABSCESS.”

By T. E. PURDOM, M.D.

Miss H., aged 18. Struma in family.

Dec. 18, 1880. After long exposure to cold, she had partial rigors, with malaise. This was followed by pain in the right side, under the ribs, extending down to the iliac region. There is great tenderness on palpation, and pain on movement. The right side of the abdomen is more resistant than the left, especially towards the lower part. Catamenia have been regular, and the last period was not checked. Pulse 100, weak; temp., 100·2°; bowels costive.

*Diagnosis.*—Inflammation; probably perityphlitic, with slight peritonitis.

*Bry. alb.* 1, and *merc sol.* 1, were given alternately every hour. The same evening I changed the latter to *merc. corr.* 3 x.; enema to open bowels; milk diet. Tongue yellow, moist coating, posterior two-thirds, with red and irritable tip.

20th. There had been no history of indigestion nor constipation, nor of swallowing fruit stones, &c. In *statu quo*. Contin. med.

21st. Shooting pains, with flatulence and colic; leg inclined to bend up. Pain has spread towards umbilicus—more across the bowels. Temp. 102·4°. *Merc. corr.* 3 x.; *coloc.* 3 x.

22nd. Repeat.

23rd. Pulse 100; temp. 100·4°. Large and painful swelling in right iliac fossa, extending close to Poupart's

ligament; less towards the ribs, across towards umbilicus, and bulging backwards towards the loins. Constant pain, worse at times specially from movement. No shooting pains nor colic. No throbbing. *Merc. corr.* 3; *bry.* 3.

25th. Suspicion of suppuration. *Hep. sulph.* 3 x; *merc. corr.* 3 x.

29th. Diarrhœa; four or five pea-soup-like motions, showing involvement of mucous surface. *Ars. alb.* 3 x; *hep. sulph.* 2 x.

31st. Diarrhœa; readily controlled. From this time suppuration was evident, and a large abscess was expected.

The patient was kept steadily on *hep. sulph.* 3 x, with a change to *silicea* 3, and *chin.* 1, in alternation for a day or two.

Jan. 6th. *Ars. alb.* 3 x, was again given for diarrhœa, and checked it at once. The matter was now rapidly pointing towards Poupart's ligament. Poultices (made with water in which poppy heads had been boiled) were applied, I may say, from the first. *Belladonna ointment* was also smeared over the most painful part for a few days.

Jan. 12th. As the abscess was on the point of bursting, and as I had an antiseptic spray and gauze ready, I lanced it quite superficially under the carbolic spray. The first discharge was rather offensive, which an earlier opening might have avoided. However, the pus was quite bland on the removal of the dressing the same night.

14th. Dressed twice daily under spray, and with carbolised gauze carefully applied and fixed, with broad bandage of the same round the abdomen and thigh.

19th. Since the 14th it has only been dressed once a day. After this date, only every second day. Wound rapidly closing; looks clean and healthy. Patient up on sofa, just a month after the beginning of the attack. *China*  $\phi$ , and *silic.* 3 have been given since the abscess was opened.

21st. *Boracic ointment* was applied to the raw surface. *Silicea* 6 was given alone for a time. Then again *silicea* 3 and *sulphur* to finish up with. As there was some proud flesh, powdered loaf sugar was applied. *Calendula ointment* was substituted for the *boracic* for a few days. My notes end here, as though the case was under observation longer, there was just a small granulating surface left, dressed with the last-named ointment; the rag being merely

stained with discharge. The diet was principally milk at first; soups, &c., being added as the case went on. The patient stooped to the right side on walking for a few days, but soon could keep straight up. She gained flesh rapidly; the emaciation having been considerable.

I have thought this case worth recording, because of its serious nature; also as occurring in such a young subject. The action of the different medicines were pretty clear, in spite of the alternation. The *colocynth* relieved the shooting and colicky pains rapidly. The *arsenic* controlled the enteritis and diarrhoea. The *merc. corr.* and *bry. alb.* seemed to keep the peritonitic mischief in check; the temperature only once rising to 102° at night.

The soothing poultices and *belladonna ointment* were useful adjuncts to moderate pain, which was often very severe. (I am not myself satisfied that you can dispense with *opium* altogether, where the peritoneum itself is more involved). A water bed added much to patient's comfort. The *hep. sulph.* undoubtedly hastened the maturation of the abscess, and shows how such a serious case may be safely terminated by medicines. The practice, now-a-days, is to operate very early by the aspirateur or antiseptically. In the former, of course, the puncture might have to be repeated several times. In the latter to cut down upon the abscess as soon as the presence of matter is ascertained may succeed very quickly; but the operation itself is more serious. Not being much of a surgeon, I was glad to see the case end as well as it did. Then, again, the antiseptic dressing saved much poulticing, and a prolonged drain of pus probably, considering the strumous tendency.

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## THE CONNECTION BETWEEN NATIONAL WEALTH AND NATIONAL HEALTH.\*

BY H. BLUMBERG, M.D., J.P.

GENTLEMEN: The object of my paper is to trace and to elucidate the connection which necessarily exists between the wealth of nations and the health of the individual citizens. My object is not to prove that national health promotes national wealth—that is too obvious; but *vice versa*, that national wealth is one of the great—nay, the greatest, elements of national health. Before beginning, I must draw

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\*Read before the Southport Literary and Philosophical Society, Dec. 3, 1880.

your attention to the difficulty of the task, by no means in order to enhance the praise for having undertaken it, but rather to palliate or excuse my obvious shortcomings. You will notice that my reasoning will have to be often deductive; not only because the subject somewhat demands it, but on account of the insufficient data which statisticians appear to have provided in that direction. Take, for instance, public health. I have ransacked a good many books, and my acquaintance with the principal languages of Europe has helped me a good deal; but still I had in most instances to fall back on the tables of mortality as a criterion. But it is obvious that the annual mortality of a place or of a country is by no means an infallible guide in estimating the health of the inhabitants. There may be a large number of invalids not well enough to live and not ill enough to die; but we have no data except the general remarks of travellers to judge apart from the tables of mortality of the health of different nations. It requires consideration whether provision should not be made for that object in the decennial census. A man might object to state his religious persuasion; but I doubt whether anyone would object to state whether he is suffering from any complaint. As regards the wealth of nations, the difficulty is even greater. We have the most divergent estimates from different writers. Some are simply ignorant of the law of evidence; others are led by vanity, or sometimes by political motives, to exaggerate the wealth of their own country and to diminish that of other people's. Some criterion, no doubt, is the state of public credit. *Cæteris paribus*, a nation which can borrow at three per cent. must be doubly as wealthy as a nation which must pay six. I have tried to be guided only by trustworthy writers, and in other cases have drawn a probable mean which I believe will be near the truth.

Having said this by way of preface, I invite you to accompany me to a country on our earth which we shall name A, a town in A called B, a street in B called C, and a house in C called D, in which we suppose at this moment a baby to be born called J. Let us suppose also that as we are members of a philosophical society, we are tempted to ask a question—What average chance of health and length of life, wealth and happiness is in store for this baby J? As regards his or her share of happiness I cannot tell you anything. It is only likely that it will have its proper quantum of tears and laughter; but I can pretty confidently tell you

that its average chance of life is about thirty-three years and eight months, but its chance of wealth as taken on the average we shall see by-and-by. Is there any practical good to be gained by such a speculation or such calculations? —Yes; I firmly believe that the result of such calculations—and I am the first who ever made them—would, if sufficiently published and acted upon, dispel many errors which are at the root of the doctrines of Socialists, Communists, and Nihilists. For the sake of argument, therefore, we shall suppose that every being has an innate right to his or her fair share in this globe of ours. Then come, of course, two questions which must be answered before a solution is possible. First, how much is our globe, with everything it contains except men, worth? and, secondly, how many human beings are we at present to divide it between us? Let us take the second question first. Even so short a time as twenty years ago it would have been most difficult to state with approximate probability the number of inhabitants on this fair planet; but now, thanks to the labour of many statisticians of many nationalities, and also thanks to the census introduced into so many countries, we can safely assume the population of the globe in this year of our Lord to be about fourteen hundred millions. The second question—How much this planet is worth? is far more difficult to answer; and even the closest calculation will of course be very hypothetical. There is no stock exchange for the stars, though there is a rise and a fall in them. Nor can we imagine any being who would bid for even the smallest asteroid. The only way is to sub-divide the globe into many hundred parts and states, and then to value each separately. The guides to such valuation will be, first the extent of territory, secondly the fertility of the soil, thirdly the number of cities and towns, fourth the state of the national trade and industry, fifth the estimated income of the inhabitants. All these present great difficulties, but they are not quite insurmountable. Let us try. Let us take, for instance, England and Greece. I mean Greece as at present, and not as it will be shortly. Great Britain and Ireland contain 5,776 geographical square miles. We know that about three-fifths of its soil is very fertile and highly cultivated. We know that it excels all other countries of the earth with the exception of Belgium in the density of its population, and with no exception at all in the extent of its trade and

manufactures. We know, or we calculate with great probability, that the income of every English man, woman and child is about thirty-two pounds, which would make the general income of all the inhabitants eleven hundred millions of pounds. From these and other premises we draw the conclusion that the capital value of the United Kingdom of England and Ireland is about ten thousand million of pounds. Take Greece now as a contrast. The kingdom of Greece is about 950 square geographical miles. It contains about three-fourths of mountainous, arid regions; one fourth is exceedingly fertile, but badly cultivated. There are no great wealthy cities, their trade is pretty well developed, but their manufactures are in their infancy. The average income of the 1,500,000 inhabitants is hardly £10 a-piece, or fifteen millions a year altogether. I doubt, therefore, that all Greece—barring, of course, its claims on Turkey—would go higher under the auctioneer's hammer than one hundred and twenty millions of pounds. By that process we come to estimate the capital value of all countries which are civilised, and allowing a certain amount for the unknown, we come to the grand total of sixty thousand millions of pounds, which is made up as follows in millions of pounds :—

England, Scotland, and Ireland ...	...	10,000
France ...	...	6,000
Germany ...	...	4,000
Austria ...	...	2,400
Russia in Europe ...	...	2,200
Italy ...	...	1,800
Spain ...	...	880
Turkey in Europe ...	...	800
Belgium ...	...	750
Holland ...	...	800
Denmark ...	...	200
Sweden and Norway ...	...	200
Switzerland ...	...	200
Portugal ...	...	200
Greece ...	...	120
Total ...		80,000
America ...	...	16,000
Africa ...	...	2,000
Australia ...	...	1,000
Asia ...	...	11,000
Total ...		60,000

Let us now go back to the poor baby which we left in the street D, crying probably most bitterly because we have left unanswered his question as to how much capital he is entitled to during all his future earthly existence. We are now able to tell him or her, that if he or she works like average persons, his or her share of this money value of the earth will be 60,000 millions, divided by 1.400 millions, or in other words, £43 17s. 6d. This revelation will be cheerful news perhaps for the baby, but a heavy blow to the great expectations of the Communists, whose idea is that by sharing every one will at once become well to do. It reminds one of an anecdote about the late Baron James Rothschild. During the revolutionary days of 1848 he was accosted in the street by a beggar, who said: "Citizen Rothschild, you know all men are brothers; now give your poor brother something." The Baron, who, though immensely rich, was also very miserly, gave him *deux sous*—a penny. "Is that all?" exclaimed the indignant beggar. "Yes," said the Baron; "and if I were to give to every brother of mine as much, I should be bankrupt."

Yes, gentlemen, this is all—£43 17s. 6d. This is the capital. And mind you this is the product of human work. Without it, without the thought which invents, the senses which measure, or the muscles which act—without them this globe would be what they call a drug in the market, a wilderness of monkeys, for which even Jessica would not give the smallest gem. Man has found this earth barren, and has made it fruitful. He has found a white sheet of paper, and has written a valuable cheque of 60,000 millions of pounds upon it. The earth is like the mother of the Gracchi—she finds her most precious jewels in her children.

Now, it is obvious that man's principal endowment for the attainment of wealth, either for himself or his family, or his nation, is good health. Health is the proper balance of all physical functions. It is a duet between mind and body in which there occurs no false note. There is no doubt that the physical conformation of the soil and the climate have some influence on the health of different nations, but by no means to the extent to which it is generally supposed. Man is the most adaptable of all animals, he can flourish in the icebound islands near the Pole, as well as in the heat of the Tropics. We shall therefore dismiss the consideration of climate from our

calculation. The race is also an index to the state of a nation's health, but only a poor and fallible one. Englishmen, for instance, are of a large, sturdy race; Sicilians, of a small and apparently weak race, but I firmly believe that there would be no difference either in their longevity or in their share of health, but that the latter either ignore the sanitary laws or for want of means are unable to give them play. The fact is, health travels in the same carriage with civilisation, and the latter again is rarely to be found separated from the company of wealth. I speak, of course, of nations. Individuals may and do ruin their health not only though, but because they are rich, but in nations wealth naturally leads to improvement in dwellings, in clothing, in feeding, in all public sanitary measures, diminishing of course sickness and mortality. Well may not only the sentimental philanthropist, but also the practical philosopher or statesman, exclaim, with Sterne: "O! blessed health, thou art above all gold and treasure. 'Tis thou who enlargest the soul, and openeth all its powers to receive instruction and to relish virtue. He that has thee has little more to wish for, and he that is so wretched as to want thee wants everything with thee." I could enlarge upon this theme, but my object is not to prove that health is wealth; no, I want to complete the circle, and to prove that wealth—national wealth I mean, is conducive to national health. We shall therefore now examine, if you allow me, the sanitary condition of the nations, and compare them with their financial position.

It is true that even the wealthiest and most civilised nations spend a hundred times as much on their engines of destruction, on their army and navy, as on the means of preserving life or enhancing the bodily welfare of their citizens; but the difference between rich and poor nations is that in the latter there remains not even a modicum for health after paying for all war implements and warriors. I wanted to take each individual country and compare the wealth of its inhabitants, the state of the national finances, and the percentage of taxation on the income; but, on second consideration, and for fear of being tedious, I drew the accompanying maps of Europe, which will sufficiently illustrate, and I hope prove, my argument. The one represents the financial state of the different countries which is the better the lighter they are painted, and the other the mortality of the same countries which is the

THEY ARE NOT THE ONLY ONE. You will notice on examination that with few or three slight exceptions the different climates are equal in all parts. To illustrate my case still further, I have selected in the case map the percentage of mortality in the principal cities of the inhabitants in the year the different rates of annual mortality in a number of years in the different countries. After looking at these maps attentively you will agree with me that a full statement has been made of the work promoting health and life. Unfortunately, as I mentioned before, the relations between peoples seem to require that the best part of a nation's wealth should be spent in measures of safety. What would you say to a city that spent a hundred times as much on its policemen as on its schools, or a family who would feed his children in the best manner and his children on vegetables? Let us hope. Perhaps the time is not so far distant when we shall see—

THE MINDFULNESS OF THE PEOPLE IS A GREAT FACT IN THE  
AND THE PEOPLE'S POWER SHALL BECOME UNIVERSAL;  
WHEN THE WAR OF THE FUTURE IS COMING AND THE BATTLE-FLAG IS UNFOLDED,  
IN THE FUTURE OF THE WORLD THE PEOPLE SHALL BE THE PEOPLE.

But even before this situation that we could do a great deal. The wealth of England is enormous and it increases every day. I am sure to say that has not kept pace with it. A majority of the population is still too high for the land and industry. Some measures are too difficult or costly to carry out. I believe, however, materially and in time. I will be the first to say that the consumption of the people, especially in the measures which I would like to see by the initiative of Government, and the carrying out of these measures to be carried into effect. It is not only in the case of the sanitary science is a kind of public good, as it were, in the train of the great movement of the world which marks our present century. But the teachings of this science, though they be found as yet, ought to be taken more to heart. Let us hope that the scientific progress in our great and pre-eminent scientific world. There is compulsory health education for the young, but very little is done for the physical education of the two million or more of school children. My friend Dr. Koch of London has shown this fact clearly in his scientific papers on the neglect of scientific Physical Education and Hygiene by Parlia-

ment and the Educational Department. 2. Let us take such apparently small affairs as the chairs and benches on which the school children sit, or the desks on which they work, and the best authorities will tell you that they are ill adapted, as a rule, for the health of boys and girls, and lead often to curvatures of the spine and short sight. 3. The absolute want of proper knowledge of the laws of health or of physical education among the working classes. It is satisfactory to observe that lately there has been a movement both in London and in Manchester to disseminate tracts bearing on health among the poorer classes of our large towns. 4. The neglect of the proper supervision by civic authorities of the building of houses. In England, unfortunately, unlike in that to other countries, house building is mostly a speculative affair, the object, of course, being to build as cheaply and to sell as quickly and dearly as possible. Something has been done in the direction of supervision lately, but not much. I maintain that there is no house in this district—built on speculation that is—built according to all the desiderata of sanitary science. 5. The rapid growth of our great centres of commerce and manufacture, and the insufficiency often in consequence of either good drainage, or of breathing apparatus in the shape of open places and parks. 6. The adulteration of food and the perfect impotency of the feeble laws against it. We read in the *Arabian Nights* how the Grand Vizier ordered a man who sold bread with false weights to have both his ears cut off. Should not the man have even a stronger punishment who sells instead of wholesome food a mixture of rotten flour and alum. As regards the adulteration or the dilution of milk I intended to send the following letter to a member of Parliament whom I have the honour of knowing, but on consideration I think it best to read it here, as publicity is all I wish for in the matter.

“My Dear Sir,—Many circumstances during the last twelve months have led my attention to the question whether some more effectual means might not be found to check the supply of adulterated or vitiated milk to the public. There is no article of food of so high an importance for the national health as milk. Recent researches have conclusively proved that milk from tuberculous cows can produce tuberculous consumption in man. On the quality of the milk, I maintain, depends to the greatest extent the physical, and to

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is matter. 6. Every farmer, cowkeeper, and milk  
 is to report at once any case of serious illness on  
 which arises to the inspecting officers. 7. The dealer who  
 out to have sold adulterated milk is first to be fined  
 The second time his fine ought to be tenfold. The  
 he ought to lose his license. This proposal is  
 in favour of the honest farmer, as their cows' milk  
 have to fear the competition of water. It will, if  
 out, be the greatest boon for the rising generation.  
 ly persons adversely affected by it would be unscrup-  
 milk dealers, who have hitherto played with the lives  
 of fellow citizens, and profited largely by the care-  
 ss of consumers and by the laxity of the law.—I remain  
 ar sir, yours truly,

"HY. BLUMBERG."

These are the six subjects in which, in my opinion, a  
 m is necessary and easily effected. England stands  
 most among nations in civilisation and wealth. Let  
 always be also foremost in advocating and carrying out  
 measures for increasing the health and strength of her  
 zens, not forgetful of the fine lines of Goldsmith,—

"Ill fares the land, to hastening ills a prey,  
 Where wealth accumulates, but men decay."

I hope I have proved to your satisfaction—firstly, that the  
 theories of Communists, if carried out, would disappoint  
 their very authors; and secondly, that a nation's wealth  
 cannot be better employed than in promoting the nation's  
 health, and I have only to thank you, gentlemen, for  
 listening with patience and indulgence to an essay written  
 under the disadvantage of a busy professional life.

A vote of thanks to Dr. Blumberg was proposed by  
 Ald. Nicholson, J.P., and seconded by Rev. T. Holland,  
 and carried unanimously.

## HOMŒOPATHY IN THE COLONIES.

By J. MURRAY MOORE, M.D.

### V.—Homœopathy in New Zealand.

AN enterprising and progressive branch of the Anglo-  
 Saxon race at the present day demands the advantages of  
 the latest improvements in the art of healing, as in all  
 other arts and sciences. Therefore New Zealand, the

“ Britain of the South,” a mixed yet homogeneous community of 450,000, has rapidly appreciated the value of homœopathy. In the year 1853 Dr. C. F. Fischer settled in Auckland, then the capital of New Zealand, and opened a pharmacy, at first conducted by Mons. Delatre, and afterwards by Mr. J. A. Pond, the present proprietor. After the usual struggle against the bitterest allopathic opposition, even extending to an action for malpractice, Dr. Fischer firmly established this system in Auckland. A man of varied talent, of fluency almost amounting to eloquence, of restless energy and contagious enthusiasm, he founded a homœopathic hospital, gave public lectures, brought out a monthly popular medical journal, the *Echo*, the twelve numbers of which formed a complete little domestic manual, and industriously worked up a very large and arduous practice. His cures even made two professional converts, Messrs. A. G. Purchas and A. Macdonald, who practise homœopathy still in this city. Sighing for “ more worlds to conquer ” Dr. Fischer removed in 1870 to the larger field of Sydney, where he is now in practice. Meanwhile, about 1859, Dr. Irvine had settled in Nelson, and in 1868 Dr. Deck had commenced practice in Invercargill. About 1873 Dr. Deck removed to Dunedin, the commercial capital of the colony, where he succeeded admirably, relinquishing his excellent practice there only in consequence of Dr. Fischer’s urgent invitation in 1877 to take charge of his own Sydney practice during his intended three years’ absence in Europe. After an interval of about eighteen months Dr. Wanless settled in Dunedin.

In January, 1871, the Auckland practice was taken up by Dr. F. Hartmann, formerly of Norwich, a learned, skilful and kindly physician, who consolidated and extended the practice for seven years. His death from diabetes in May, 1878, was very much lamented, and his place in the affections of his patients will be difficult to fill. While on a tour through Europe Mr. Pond invited the present writer, who was in ill-health and meditated a change of climate, to settle in Auckland, and in January, 1880, Dr. J. Murray Moore resumed practice here. Judging by results, both practitioner and practice seem to suit each other, and the excellent effects of this climate on the health of the former is most gratefully acknowledged. The pharmacy in Queen Street is large and completely

equipped, and would do credit to London or New York. Mr. Pond has established agencies in all the chief towns and country districts, the sale of domestic books and medicine-chests being very large for the population, and on the increase. The shrewd colonists are quick to descry the valuable self-help afforded in emergencies by these simple, portable and effective remedies. All the druggists and general stores up the country keep the medicines. Several clergymen, such as Archdeacon Williams, the Revs. Sam. Williams and J. S. Hill are warm adherents of homœopathy, and do much good work among the settlers and Maories.

In the pretty little city of Nelson, on the north coast of the Middle Island, Dr. Irvine, formerly of Leeds, has practised and farmed land for about twenty years. In that garden of New Zealand, famous for its fruits and flowers, he holds a high social position, and is warmly spoken of by all who know him. So wide-spread is the appreciation of our system, that young medical men (allopathic) who come out here to settle, sometimes *assume* a practical knowledge of homœopathy in order to ingratiate themselves with those who favour that system. It must be a comfort to immigrants who have been accustomed to homœopathy in England to know that now, in at least five of the chief towns, they have this want provided for in a most satisfactory manner. But nowhere has such a strong and deeply-rooted hold of the people been achieved as in this city of Auckland, and no other city is so fully supplied with practitioners. The beauty of its scenery, the uniformity and mildness of its climate, and its capacious deep-water harbour—the best in New Zealand—and its comparative proximity to the Hot Lake district assure for it a great future. The following list of qualified and registered homœopathic practitioners in the colony is as correct as can be made from accessible sources of information; and perhaps Messrs. Thompson and Capper might find it useful towards a Colonial Appendix to their Directory.

Auckland, pop. 24,770. — Messrs. A. G. Purchas, A. Macdonald, Dr. Moore.

Christchurch, pop. 26,600.—Dr. James Irving.

Dunedin, pop. 35,000.—Dr. Wanless.

Hokitika, pop. 3,000.—Dr. Giles, R.M. (now retired from practice).

Nelson, pop. 6,600.—Dr. Irvine.

Wanganui, pop. 2,500.—Dr. Wilkin.

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Wellington, the political metropolis of the 'colony, with a population of about 19,000, has thus far had no homœopathic practitioner.

Auckland, New Zealand.

February 1st, 1881.

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## A CASE OF CHRONIC ARSENICAL POISONING.\*

By DR. R. HUGHES.

At the beginning of November last, I was consulted by letter relative to the case of an English nobleman, then wintering in Italy, suffering from pemphigus. The account given of it by the writer, Lady C—, is so full and minute that I cannot do better than quote her words:—

“I must in the first place tell you that Lord C— has been suffering from this illness now between three and four months, and as far as I can judge as to the eruption itself, it seems almost as far from cure as it was at the beginning. The illness has been most severe and persevering, and the whole body, without one single exception, has been covered with it. At times it dies away in one part and is more severe in another; in fact, it seems always to vary in severity from one part of the body to another. The redness which precedes the blisters is still *very* general all over the body; the blisters, however, I should say are less numerous than they used to be, though larger. There is much less irritation, much less or almost no heat, and the blisters do not fill over and over again as they did, but after being once or perhaps twice punctured they do not rise again, which is certainly an improvement.” The letter then went on to describe the difficulty experienced in protecting those parts of the body exposed to chafing, so that new cuticle should form on the denuded surfaces—which, if let alone, it seemed ready enough to do. “One characteristic of this illness of Lord C—’s has been that during the whole of the worst time there never was any fever; the pulse, though quick, had the quickness of irri-

\* Reprinted from the *Annals of the British Homœopathic Society*, February, 1881.

tation rather than fever, and the temperature—tested continually—was almost invariably normal. The appetite remained excellent, and the sleep—notwithstanding the extreme irritation during the earlier part of the illness—was wonderful. In fact, the general health, notwithstanding that he was covered from the crown of the head to the sole of the foot with this terrible eruption, accompanied by the most distressing and painful cedema, so that the body was nearly twice the natural size, and the same with arms, legs, hands and feet, and even neck and head—notwithstanding all this, as I said before, the general health has been maintained throughout. The actions of the bowels were perfectly regular and perfectly healthy; the urine, tested by the most skilful chemists, pronounced on each occasion to be that of a person in perfect health. This swelling gradually diminished; the *china* and *ferrum* given seemed to affect it, and the constant application of lotions of salicylate of soda, with lettuce decoction, or of solutions of quinine, has been most useful. They were ordered by the allopathic doctor C—, a very clever man, who has been attending him all along, and has allowed me to give the medicines prescribed by letter and telegraph by Dr. —, who had seen Lord C— before he left England, and knows his constitution. When the swelling diminished there set in a most obstinate diarrhoea, which lasted without intermission for about two months, and at times was very troublesome. It never disturbed digestion, though the actions were at times perfectly liquid, and as frequent as fifteen or sixteen in the twenty-four hours. The appetite remained excellent, the strength wonderfully little diminished, no sickness nor taste in the mouth, the tongue, though rather red at the tip, never white. This diarrhoea in some respects seemed of a salutary nature, for the swelling rapidly diminished and then disappeared, leaving Lord C— very thin, though not emaciated. No medicines seemed to have much effect upon it, but what did him most good was a change of air, bringing him from the city to this place among the hills, which seems to have been very beneficial. He is now very decidedly better in all respects except the continual recurrence, or rather the non-cessation, of the eruption. The diarrhoea is gone, the strength much recovered, the appetite most excellent, in fact, he cannot do without very frequent food and wine. We give him Bordeaux, and he who never drank wine at

all now craves for it, and finds the greatest support in drinking it. He has about three bottles in two days."

The letter went on to state that Lord C— (with whom I was not personally acquainted, though I had attended his father and brothers) was sixty years of age, of regular and abstemious habits, and of a general health unvaryingly good; that he had passed the previous winter on the Nile, but with every wonted comfort about him, so there seemed no appreciable cause for such an attack. It further mentioned that the new skin was (as might be supposed) very soft and sensitive, and in a continual slight perspiration, which on any provocation became considerable.

Now the first thought aroused in my mind by this narrative was—how came this strange attack about? Pemphigus, in this acute and generalised form, is well-nigh unknown in adults; nor was there anything in the present patient to account for his proving an exception to the rule. In default of an adequate internal cause, I could but look for one of external origin; and thinking over the possibilities of the case, my suspicions were strongly directed to arsenic. It alone of all known poisons has sufficient action on the skin to account for the development of such an eruption as pemphigus, and the œdema, diarrhoea and red-tipped tongue were all familiar arsenical symptoms. I wrote accordingly, expressing my views, and urging inquiry. At the same time, I counselled a radical change in the local treatment of the eruption. All wet applications were to be discontinued, and the whole body to be anointed daily with the best olive oil. The blisters were not to be punctured, but supported with rags smeared with spermaceti ointment, and their contents allowed to dry up. The nutriments and stimulants were to be continued, and a grain of *antimonium tartaricum* 1 to be taken thrice daily, to improve the nutrition of the skin.

A second letter, dated November 9th, at once confirmed the justice of my suspicions. "Your letter," it said, "has made me think that it is possible that the cause you speak of may explain what seems so inexplicable an illness." After mentioning facts about the Nile boat in which the winter, and the Italian villa in which the summer had been spent, which seemed to exclude the possibility of arsenic being present in either, it went on to state that for some considerable time Lord C— had had a slight but very irritable affection of the skin of the pit of the throat and the

bend of the arms. There was little to be seen, but great itching. A homœopathic physician of Paris had prescribed *arsenicum* for this,—ten grains of the first trituration to be dissolved in four spoonfuls of water, and one taken night and morning. “I had always noticed,” the writer went on, “that Lord C— was very susceptible to *arsenicum*, and I did not give the medicine for several months; but about three weeks or a month before coming to the end of our Nile voyage, finding that the irritation had been somewhat increased by the great heat, I determined to give it a fair trial; and accordingly most regularly gave him, for three weeks, twice a day, the powders that I had brought with me. At the end of that time Lord C— complained of his tongue being so dry and his thirst so great that it made him quite ill. This increased, and the tongue became hot and dry like a parrot’s, and he had chilly fits, and got very pale, his face white and pinched, and his pulse weak and quick, and at times very irregular and small, with extreme prostration. The eyelids were swelled and puffy, especially the right eye. I looked for the symptoms, and finding them in my *Jahr*, I said jokingly to my daughters, ‘I do think I must be poisoning your father by small doses of *arsenic*.’ I at once stopped the medicine, and he got rapidly better. Most profuse perspiration for a few days seemed to relieve the system, and we thought no more about it, as he got quite well, and the irritation in the neck had certainly improved. About five weeks later, when we had returned to Italy, the skin irritation began to return more distressingly, and over a larger surface, being rather down on the shoulders. I bethought me again of my *arsenic*, and gave him the powders again; but in about a week the symptoms of dry mouth, chilliness, and swelled eyelids returned, and I again stopped; but about a fortnight after this the illness began, first attacking the feet and arms, and then the back, and then suddenly developing at once into a violent condition of crimson eruption, followed by thousands of small blisters and a red and shiny skin, as in erysipelas; and then came the dreadful swelling all over the body.”

The mystery now seemed solved; and, though the dose of the drug was by no means excessive (equalling only about three minims of Fowler’s solution), the sensitiveness to it previously noted was sufficient to account for the poisonous effects. That these occurred in the system at large under

its use was undoubted, and the pemphigus appeared only the ultimate expression of the intoxication. The interest of the case was now mainly therapeutical. The next letter, dated November 24th, said, "I have been strictly following the treatment since I received your first letter, and I think with very marked success. We have entirely stopped all wet applications, and the skin is certainly gaining strength and firmness; we have also left off pricking all the larger blisters, and have done as you advised, supporting them with lint and a little sperm ointment. I think I may say this has been perfectly successful so far. We began the experiment on the legs, which have been very troublesome for some time, and have constantly formed large blisters which had to be pricked over and over again, and in many cases have continued unhealed and inclined to become sore for several weeks. They were just in the condition to make the experiment fairly, as there were several new large ones. One we pricked as usual, and two or three we left. Those that were not pricked the next day had increased in size, and also in number, and looked quite alarming to our eyes, not that the skin was red round about, but pale, and neither hot nor angry. The pricked one was hot and red, as was usual. The number of large blisters increased in a very marked manner, but we left them alone, only supporting them, leaving a large hole in the middle, and by degrees they got softer, and most of them went down quite flat without any trouble in a couple of days. Some of course were a little longer. Some, when the loose skin came off of its own accord were quite healed below it, but some have been a little longer in healing. . . . The legs are now getting distinctly better. He is oiled from head to foot after his bath, and when he goes to bed every night, and, as I said before, the skin looks much stronger and firmer. . . . A very curious thing is that all the nails are coming off, the new ones are in fact nearly half grown up; again, I was looking at *arsenic* symptoms, and find that this is one. . . . One thing still remains to be mentioned, and that is that he is inclined to sleep a great deal during the day, and when he wakes he is rather confused and takes a few minutes to gather himself up. He is also very liable to a sort of half vision, half dreaming, which bothers him, as it is between waking and sleeping, and it keeps him from good sound night's rest."

In a postscript, dated the next day, Lady C— mentioned two points that she had previously omitted. One was that the pulse was extremely intermittent: this had come on since he had begun to get better of the eruption. The other was that his mouth was very sore, and had been so for more than three months. "The tongue has many places in it like aphthæ, not white like that, but the form is the same. They begin like clear blisters, as on the body. The edges have a little blackish fringe around them, and the middle of the tongue has spots that are of a blackish colour. . . . One of these places was quite deep. Sometimes it is the tip and sometimes the sides that are sore, and sometimes the blisters even come on the palate and gums."\* Her ladyship added that the heart had several times been examined with the stethoscope, and pronounced healthy and sound.

I advised *borax* for the mouth; but said that both it and the intermittent pulse were parts of the *arsenical* malady. If the heart had not been examined quite lately, I added, I should recommend this being done.

I could have wished the story to have ended here; but it was destined to have a sadder close, and to show its evil agent, the *arsenic*, in yet another character. On December 9th Lady C— wrote:

"We have returned from the hills now, and a strong confirmation of the truth of your theory of the *arsenic* has, I am sorry to say, shown itself since our return. For, having put Lord C— into the same room he occupied during all the first part of the time we were here before his illness declared itself, he has again experienced a very decided return of the eruption which was dying away so satisfactorily, and he has not been nearly so well the last week as he was. I thought that there might be some *arsenic* in the walls, though painted—as I think I told you—with fresco paint, and, as I supposed, at least fifty years old. But when I had a bit of the wall scraped and sent for analysis, I received the answer that it was full of *arsenic*! The only two rooms in the house in fact that are painted in this way are the rooms which he occupied. Of course, before I got the answer I had removed him to other

\* Dr. Galley Blackley some time ago reported to the Society (*Annals*, ix, 142) a case of acute pemphigus in which the mouth and throat were involved. The causation in his patient was very obscure; could *arsenic* have been at work there?

rooms, but he slept four nights in this room, and it seems to have brought back the old suffering. I want very much for you to suggest something fresh for the sore mouth, which is very distressing to him. It is curious how the inside of his mouth looks as if he had been eating charcoal; and even the saliva has a black colour, as if mixed with charcoal, for it is not slimy, but clear, with little grains of black in it. The tongue looks sodden, and many of the papillæ are hard and blackish, the tip and edges are red and very sore, and he has a good deal of saliva at times, which the soreness of his mouth prevents his being able to manage. The blackness had quite gone, and only came back when we returned here. . . . He complains of feeling weak and shaky, and he certainly is very much less strong the last few days. . . . The inside of his mouth, I forgot to say, is so curiously cold. I put my finger in to feel the back of the tongue, and it was like a cold wet place, instead of warm like my own."

I received this letter on Sunday, the 12th, and telegraphed immediately to give *mercurius*. Since its despatch, however, Lord C— (as I subsequently learned) had taken cold. His medical attendants said that there was nothing alarming, as the catarrh did not extend below the throat. On Monday morning, however, he seemed to have difficulty in swallowing. The inspiration was comparatively free, but the expiration was difficult. As he was taking some soup, suddenly his eyes closed and his head drooped forward, a dark flush passed for one instant over the face, but there was not even a gasp. His death was instantaneous.

I fear I may have wearied you with this long narrative; but it seemed to me too instructive to be curtailed. I would again invite your judgment as to the arsenical factor of the case. I think there can be no doubt of its having been the one *causa mali* throughout; but the question is of the relative part taken by the internal administration and the external exposure to its influence. I should be inclined to say that, as in the former case, the presence of its emanations rendered the system intolerant of its medicinal use, so here saturation with it as a remedy made the patient an easy prey to it as a wall-paint, and that the pemphigus was due immediately to the latter. Any way, the history is of deep practical importance. It confirms the doctrine we have always maintained, that any good wrought by *arsenic* as a remedy in cutaneous disease is an

example of the working of the law of similars ; and adds to the forms of skin-disorder it can cause one in which it is esteemed especially effective as a remedy. It further makes us the more alert in watching for the possible existence of this insidious poison in obscure cases of illness, and adds another argument in favour of legislative measures being taken to restrain or forbid the use of such a noxious agent for domestic ornamentation.

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## REVIEW.

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*Abridged Therapeutics, founded upon Histology and Cellular Pathology, with an Appendix. Special Indications for the Application of the Inorganic Tissue Formers.* By W. H. SCHÜSSLER, Dr. Med. et Chir. Authorised translation by M. Doceti Walker. London : Eliot Stock, Paternoster Row. Pp. 91.

WITHIN the compass of 91 small pages, printed in large type, Dr. Schüssler purports to give all the knowledge of drugs requisite for the successful practice of physic ! He describes it as “ a sharply defined system of therapeutics ! ”

His explanation of his plan is not very clearly made ; but, so far as we can understand it, he assumes that in disease one or other of the organic or inorganic constituents of the body is deficient ; that the business of the physician is to ascertain which of these constituents it is that is lacking, and then to supply it, every two or three hours, in the 6th centesimal trituration. By so doing, Dr. Schüssler’s “ conviction, gained in a large practice,” is, that he will “ cure, in the shortest way, all diseases that, on the whole, are curable.”

The twelve substances that alone are necessary for the practice of medicine, after the manner of Dr. Schüssler, are *calc. phos.*, *calc. sulph.*, *cal. fluorica*, *ferr. phos.*, *kali mur.*, *kali phos.*, *kali sulph.*, *magnes. phos.*, *nat. mur.*, *nat. phos.*, *nat. sulph.*, and *silicea*.

Among these are several that, in the hands of homœopathic physicians, who have derived their information concerning them from experiments made upon the healthy, and applied them in disease in harmony with the law of similars, have proved to be of great value. In some instances Dr. Schüssler’s theory seems to endorse homœopathic experience, and this is so far satisfactory for the theory. But when it directs us to reject our well tested *aconite* in favour of *ferrum phosphoricum*, we must decline to follow him.

Dr. Schüssler’s explanation of his views are all too brief to be clear. What of practical importance his book contains, that is

new, is, to say the least of it, doubtfully true; and what has been ascertained to be true is certainly not new.

There is nothing in these 91 pages calculated to induce us to transfer our confidence from the law of similars and the *Materia Medica Pura* to the hypothetical pathology and abridged therapeutics of Dr. Schüssler.

## NOTABILIA.

### INTERNATIONAL HOMŒOPATHIC CONVENTION.

WE are informed that Dr. HAMILTON, who was elected at the Congress, at Leeds, to preside over the approaching Homœopathic Convention, has sent a letter to the committee appointed to make the arrangements announcing his resignation. An endeavour was made to induce Dr. Hamilton to withdraw his resignation, but without avail. Such being the case, the committee were compelled to accept it, and the vice-president, Dr. HUGHES, will now fill the office of president.

Much as Dr. Hamilton's resignation is to be regretted, on every ground, we feel sure that the position will be filled, with honour to himself and credit to British homœopathy, by no one more completely than by Dr. Hughes.

We are requested to state that the office of treasurer has also been vacated by Dr. Bayes in consequence of his intended removal from London. The position he has occupied will, we are gratified to hear, be filled by Dr. Black, of 88, Kensington Gardens Square, W., to whom all subscriptions should in future be sent.

The following subscriptions towards the International Homœopathic Convention have been received since 28rd February:—

				£	s.	d.
Amount already announced ...				72	9	0
Dr. Ussher	...	...	...	1	1	0
Dr. A. E. Hawkes	...	...	...	1	1	0
Dr. A. Guinness	...	...	...	1	1	0
Dr. Drysdale	...	...	...	1	1	0
Dr. Bodman	...	...	...	1	1	0
The Hon. Dr. Allan Campbell	...	...	...	2	2	0
Dr. J. Morisson	...	...	...	1	1	0
Dr. F. Flint	...	...	...	1	1	0
Dr. Edward Blake	...	...	...	1	1	0
Dr. H. Buck	...	...	...	1	1	0
Dr. Wm. Roche...	...	...	...	1	1	0
Dr. Wm. Scott	...	...	...	1	1	0
Dr. A. C. Chalmers	...	...	...	1	1	0
				£87	3	0

As it is necessary that the Committee should make arrangements for the meetings at once, it is desirable that those who have not yet paid their subscriptions should do so without delay.

In order to entertain our foreign guests appropriately, it is requested that those of our confrères who incline should offer sums of £5 and upwards to form a guarantee fund. Several members have intimated their willingness to do so, provided from £100 to £200 be so guaranteed.—WILLIAM BAYES, *Treasurer*.

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### THE HERING MEMORIAL.

THE attention of our readers is called to the following circular letter, recently issued. The object is one that will commend itself to the active co-operation of all the friends of homœopathy :

Philadelphia, *January 1st, 1881.*

Dear Doctor,—At the “Hering Memorial Meeting,” held in Philadelphia on the 10th day of last October, at the same hour that similar memorial meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of “The Hering Memorial,” which should serve, not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this memorial volume, for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short memoir of his old friend, and this, with the material before-mentioned, and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned whatever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved homœopathy.

To all contributors to the publication fund a copy of the book will be sent.

Messrs. Boericke & Tafel, the well-known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his

contribution ; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing, and binding. Whatever sum remains, after paying these four items, will be presented to Mrs. Hering, in the name of all the subscribers, of whose names a printed list will accompany each volume.

Yours respectfully,

C. G. RAUE, M.D., 121, North Tenth Street.

C. B. KNERR, M.D., 112, North Twelfth Street.

C. MOHR, M.D., 555, North Sixteenth Street.

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### MEDICAL HYPOCRISY.

THE man who in his teachings marks out a law from which there is to be no departure, and himself disregards that law in his daily practice, is a medical hypocrite. The brave man stands boldly before his colleagues, with nothing to conceal. He is not afraid of discussing the great theories of the day, not in the spirit of one who believes that the *Ultima Thule* of all science has been reached and that there is nothing more to be learned, but in that broader spirit which looks upon science as progressive. It is not always easy to be honest, but it is always contemptible to be a coward ; and that man is the meanest of all cowards, be he either theologian or physician, who places himself in any position where he cannot act in accordance with an enlightened judgment, or, so acting, is afraid to show it openly. Practise what you teach and teach what you practise, giving a reason for your work, but no apology and no excuse. The public soon learn to respect such men, because they can always believe in their honesty and sincerity. The profession is full of hypocrites and cowards—men who dare not speak out what they think ; who dare not act according to the instincts of gentlemen, lest they offend professional bigots, who will turn against them some weapon from a wonderful code of ethics or dethrone them from their position as professional leaders.

In a profession claiming to be learned, scientific, and composed of gentlemen, there is more actual cowardice, more contemptible meanness and hypocrisy in the medical profession than in any other—always excepting the theological. We do not say there are no noble men in both, for both are full of the brightest examples of noble, honest, God-fearing men, whose self-denying work and bright example should bring a blush of shame to the miserable time-server, whose god is his pocket and whose life is centred in self. If there were fewer faint hearts in our profession, a little more honesty, a little less hypocrisy and

cowardice, and a great deal more rising above every selfish consideration in our studies and in our professional labours, what tremendous strides humanity in its highest and noblest attributes would make in its great work of regeneration!—*Homœopathic Times* (New York).

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#### THE MASON SCIENCE COLLEGE, BIRMINGHAM.

At the annual meeting of the Trustees of this College, held on the 23rd February—the 86th birthday of its munificent founder—Dr. Gibbs Blake was elected Chairman for the year.

Sir Josiah Mason celebrated his birthday by making a further endowment of £20,000 to enable the trustees to include in the College range of study all subjects required to enable students to take degrees in arts. Since the date of this meeting, Sir Josiah has been seriously ill, but we are glad to be able to state that he is now convalescent.

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#### NEWCASTLE-ON-TYNE HOMŒOPATHIC DISPENSARY.

We have received from Drs. Purdom and Kennedy the following report of the work done at this institution during 1880:—

“The number of patients entered during 1880 was 885, which is nearly double the number in the last report (1878). The increase in the attendance, the numbers either relieved or cured, together with a longer list of subscribers, affords ample encouragement that the institution is doing good work, and that its usefulness is extending.”

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#### FOURTH ANNUAL REPORT OF THE ADELAIDE CHILDREN'S HOSPITAL, SOUTH AUSTRALIA.

We are much pleased to observe the flourishing state of this institution, which, as we have had already occasion to notice, was mainly established by our esteemed colleague, the Hon. Dr. Allan Campbell. There are six medical officers, three of whom are homœopaths and three allopaths.

The hospital building was only ready for the reception of patients about two months before the last annual meeting. During the past year 168 sick children have been admitted. Eighty-seven have been discharged cured, thirty-eight improved, and four unrelieved. There have been eight deaths, and thirty-one patients were in the wards at the date of the report. In the out-patient department there were 5,226 cases prescribed for. The hospital is also used as a training school for nurses. The lectures delivered in connection with this hospital we lately took notice of, of which Dr. Allan Campbell delivered thirty. The Board specially state their appreciation of Dr. Campbell's

services, not only in this, but in many other ways, and have appointed him life governor.

It is very gratifying to receive such a report, and to see how steadily homœopathy is progressing and its value appreciated in South Australia under the energetic guidance of Dr. Campbell and his colleagues. We wish them God-speed.

#### THE LONDON SCHOOL OF HOMŒOPATHY.

THE annual meeting of the Governors of this Institution will be held in the lecture room at the London Homœopathic Hospital on Tuesday, the 12th inst., at 4 o'clock.

#### BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will take place on Thursday next, the 7th inst., at 7 o'clock, when a paper will be read by Dr. Hawkes, of Liverpool, on *Fatty Degeneration of the Heart and Pericarditis*.

#### THE LONDON HOMŒOPATHIC HOSPITAL.

THE annual meeting of the Governors and Subscribers of this Charity will be held in the Board Room of the Hospital, on the 28th inst., at 8 o'clock in the afternoon. The Right Hon. Lord Ebury will occupy the chair.

### CORRESPONDENCE.

#### VACCINATION WITH CALF LYMPH.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—During the last month I have been vaccinating with calf lymph at the London Homœopathic Hospital every Friday at half-past two o'clock.

As I cannot now procure calf lymph for less than ninepence each point, and as the Board of Management decided to charge only one shilling for vaccination at our hospital, I determined to try whether I could not vaccinate each child effectually with one point instead of two, as I have hitherto advocated.

Necessity is the mother of invention, and I now find I can produce the recommended number (*two perfect vesicles*) with one point.

This is an important discovery, as the demand for calf lymph during my two years' experience in its distribution to the profession, almost always exceeded the supply.

Yours, &c.,

Geo. Wild, M.D.

12, Great Cumberland Place, Hyde Park.

March 8th, 1881.

THE STATE OF THE HOSPITAL AS ASCERTAINED BY A VISIT PAID ON TUESDAY, DEC. 14TH, 1890.

To the Editors of the Monthly Homoeopathic Review.

Gentlemen,—Some misapprehension existing in the minds of certain homoeopathic physicians as to the state of the hospital (men, who, like the German philosopher, "evolved out of their inner consciousness" the sketch of a wonderful beast, unlike any created quadruped, and called it a camel), I visited the hospital, to see for myself whether the hospital was filled with "cases of no value in a scientific point of view, or for the purposes of education;" as had been asserted by "our philosopher." I enclose you the state of the hospital at the time of my visit, and deem it a sufficient answer to the hospital detractors.—Yours very truly, WILLIAM BAYES, M.D.

No.	NAME.	DISEASE.	MEDICAL OFFICER.	TREATMENT AND REMARKS.
<i>Hahnemann—12 Beds.</i>				
1	Ross, James	Perineal Abscess	Mr. J. Thorold Wood	<i>Lachesis</i> 6 gtt., t.d.
2	Baker, William	Acute Eczema	Dr. Blackley	<i>Belladonna</i> $\phi$ gttss., 4tis.
3	Conn, Herbert	Subacute Rheumatism	Dr. Mackechnie	<i>Bryonia</i> 1x, gtt., i. ter.
4	Dane, Walter	Gout	Dr. Blackley	<i>Pulsatilla</i> 1 gtt., ter.
5	Judd, George	Acute Rheumatism	Ditto	<i>Bryonia</i> $\phi$ gtt. ss., 4tis.
6	Fullerton, George	Rheumatoid Arthritis	Dr. Mackechnie	<i>Iod.</i> $\phi$ gtt., ter.
7	Newman, William	Nephritis, Dropsy, Emphysema, and Bronchitis	Dr. Dyce Brown	<i>Arsen.</i> 8x, gtt., ter.
8	Perrin, William	Pneumonia	Ditto	<i>Phosph.</i> 8 gtt., i. 4tis.
9	Collin, Samuel	Acute Rheumatism	Ditto	<i>Bryonia</i> 8x, gtt., i. 4tis.
10	Lapham, Samuel	Abscess of Kidney	Dr. Blackley	<i>Hep. Sulph.</i> 8x, gr., i. ter. <i>China</i> $\phi$ 1bis.
11	Torrans, R.	Acute Pneumonia, Cirrhosis of Liver	Dr. Mackechnie	<i>Sulphur</i> , $\phi$ gtt., i. ter.
<i>Ruth—7 Beds.</i>				
12	Mipfel, Elizabeth	Ovarian Tumour	Dr. Carfrae	<i>Belladonna</i> , $\phi$ gtt., v. t.d.
13	Cooper, Elizabeth	Menière's Disease	Dr. Dyce Brown	<i>Soda Salicylate</i> 8x, gtt., i. t.d.

No.	NAME.	DISEASE.	MEDICAL OFFICER.	TREATMENT AND REMARKS.
14	Carroll, Mary	Cancer of Liver ...	Dr. Dyce Brown	<i>Hydrast. Canad.</i> $\phi$ gtt., t.d.
15	Ettley, Anne	Anæmia & Irregular Menstruation	Dr. Mackechnie	<i>Ferrum Redact.</i> 1x, gr., i. t.d.
16	Serjeant, Jessie	Hip-joint Disease	Mr. J. Thorold Wood	<i>Merc. Solub.</i> 6 gtt., t.d. Long Splint.
17	Hummersten, Harriet	Ascites ...	Dr. Blackley	<i>Scilla</i> $\phi$ gtt., 4tis. hrs.
	<i>Dorcas.—5 Beds.</i>			
18	Adams, Elizabeth	Uterine Fibroid ...	Dr. Carfrae	<i>Secale</i> $\phi$ gtt. v, 8bis. hrs.
19	Jupp, Norah	Cancerous Stricture of Rectum...	Ditto	<i>Colocynth</i> 8x, gtt., 4tis. hrs.
20	Trimm, Helen	Uterine Fibroid ...	Ditto	<i>Pulsat.</i> 1x, gtt., iij., t.d.
21	Knight, Julia	Metritis and Cervicitis ...	Ditto	<i>Collinsinia</i> 1x, gtt., i., t.d.
22	Waldon, Esther	Retroflexion and Menorrhagia ...	Ditto	<i>China</i> $\phi$ gtt., t.d.
	<i>Lydia.—8 Beds.</i>			
23	Rattles, Anne	Chronic Abscess ...	Dr. Dyce Brown	<i>Calc. Carb.</i> 80 gtt., t.d.
24	Meen, Anne	Bright's Disease, Erysipelas, and Pelvic Abscess.	Ditto	<i>Apis</i> 8x, gtt., 8hrs.
25	Price, Jane	Acute Rheumatism, Endo- and Pericarditis.	Dr. Mackechnie	<i>Fer. Mur.</i> $\phi$ gttj., t.d.
26	Harvey, Emma	Blood Poisoning	Ditto	<i>Baptisia</i> $\phi$ gtt., t.d.
27	Davis, Anne	Continued Fever	Dr. Blackley	<i>Rhus</i> 1x, gtt., t.d.
28	Hemming, Elizabeth	Hemiplegia ...	Ditto	<i>Acid Picric.</i> 8x, gtt., t.d.
29	Badcock, Anne	Typhoid Fever ...	Dr. Mackechnie	<i>Arsenic</i> 8x, gtt., t.d.
30	Meizen, Ada	Cardiac, Hypertrophy, and Dilation.	Dr. Blackley	<i>Arsenic</i> 8x. { <i>Digitalis</i> $\phi$ As., gtt., 8is, hrs., alty.
31	<i>Cambridge.—6 Beds.</i> Smith, Laura	Ulceration of Cervix ...	Dr. Dyce Brown	<i>Belladonna</i> 1x, gtt., t. d.

No.	NAME.	DISEASE.	MEDICAL OFFICER.	TREATMENT AND REMARKS.
82	Wyness, Ellen	Mitral Incompetency	Dr. Dyce Brown	Arsenic 8x, gttii., t.d.
88	Wilson, Anne...	Subacute Rheumatism	Dr. Blackley	Bryonia 8x, gttii., t.d.
84	Rolfe, Jessie	Chronic Bronchitis	Dr. Dyce Brown	Phosph. 8 gttii., t.d.
85	Wild, Annette	Abscess of Ear	Ditto	Verat. Virid. 1, gttii., 8 hrs. Locally { Verat. Vir. φ, gtt. xii. Glycer. & Aquæ Aa, 8 gr.
86	Frith, Caroline	Erysipelas of Head and Face	Dr. Blackley	Apis 8x, gttii., 4tis., hrs.
87	Luke.—6 beds.			
87	Havers, George	Pyelitis	Dr. Dyce Brown	Berberis φ, gttii., t.d.
88	Patrick, George	Disease of Elbow Joint	Mr. J. Thorold Wood	Calc. Phosp. 6 Trit. ij., t.d. Splints and Carbolic Oil Dressing
89	Woodruff, Thomas...	Scirrhus of Breast	Ditto	Spigelia 8x, gttj., 4tis. hrs. Operated on 4 days ago.
40	Eve.—Private Ward.	—1 bed.		
	Wilmott, James	Caries of Vertebrae, with Iliac Abscess.	Ditto	Calc. Phosp. 6 Trit. ij., t.d.
	Mercy.—5 beds, Scots.			
41	White, Louisa	Abscess of Abdominal Wall	Ditto	Hepar Sulph. 8x, gr. i., t.d.
42	Perkiss, Rosa	Impetigo Capitis	Dr. Blackley	Sulphur 8x, gr. i., t.d. Locally { Ung. Sulph. 8 gr. Ung. Petrolei. 3 i.
48	Chatters, Jeffrey	Tabes Mesenterica	Ditto	Arsen. Iodid. 8x, gr. i., t.d.
44	Lockwood, Hannah	Pustular Scabies	Ditto	Lotio. Calcium Sulphide.
45	Thompson, Elizabeth	Tubercle of Lung, and Acute Broncho-pneumonia.	Dr. Dyce Brown	{ Arsen. 8x. Phosph. 8, Aa, gttj., 2 hrs., alty.

## NOTICES TO CORRESPONDENTS.

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•• We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. BATES, Dr. BOTH, Mr. HARRIS (London); Dr. GIBBS BLAKE (Birmingham); Dr. DRUMMOND (Manchester); Mr. MARCHANT (Bristol); Dr. HAYWARD (Liverpool); Dr. MURRAY MOORE (Auckland, New Zealand); Mr. BUTCHER (Reading); Dr. SIMPSON (Waterloo); Dr. BERRIDGE (London).

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## BOOKS RECEIVED.

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*A Critical Revision of the Encyclopædia of Materia Medica.* By T. F. Allen, M.D. New York.

*Annals of the British Homœopathic Society.* London.

*The Homœopathic World.* London.

*The New England Medical Gazette.* Boston.

*The American Observer.* Detroit.

*The North American Journal of Homœopathy.* New York.

*The United States Medical Investigator.* Chicago.

*The Homœopathic Times.* New York.

*The Homœopathic Courier.* St. Louis.

*The Medical Advance.* Cincinnati.

*The St. Louis Clinical Review.*

*American Homœopath.* New York.

*Hahnemannian Monthly.* Philadelphia.

*The Medical Herald.* St. Louis.

*Homœopathic Journal of Obstetrics.* New York.

*Therapeutic Gazette.* Detroit.

*Bulletin de la Soc. Méd. Hom. de France.* Paris.

*Bibliothèque Homœopathique.* Paris.

*L'Art Medical.* Paris.

*Revue Homœopathique Belge.* Brussels.

*Allgemeine Homöopathische Zeitung.* Leipzig.

*Homöopathische Rundschau.* Leipzig.

*El Criterio Medico.* Madrid.

*Boletino Clinico.* Madrid.

*La Reforma Medica.* Mexico.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

# THE MONTHLY HOMŒOPATHIC REVIEW.

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## THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

FIVE years ago there assembled in the City of Philadelphia a meeting of homœopathic practitioners from well nigh every part of the world. The President on the occasion was the late Dr. CARROLL DUNHAM—a man whose name is held in the greatest respect by all who are familiar with his writings, one whose memory is loved and revered by all among whom he lived and practised the profession of which he was so bright an ornament. The gathering was successful, the work brought forward interesting and instructive, and the social intercourse of the week full of pleasure and advantage to all concerned.

The desire that after an interval of five years a similar réunion should be held in some other part of the world, was but the expression of the interest that had been excited. Within three months from the conclusion of the proceedings of this convention, British homœopathic practitioners at the Congress held at Clifton resolved to invite homœopathic practitioners from all parts of the world to meet

together in London during this present year of 1881. The time is rapidly approaching when this most important meeting will take place. We therefore desire to draw to it the attention of all medical men practising homœopathy in this country, to enlist their sympathies in promoting its success, and to urge upon them the duty as well as the advantage of taking a personal part in its proceedings.

The reports which have been received from abroad give us every reason for hoping that the assemblage will be thoroughly cosmopolitan. A very lively interest in the Convention has been excited both in America and throughout the Continent of Europe. In the United States a committee has been formed for the purpose of giving to the homœopathic practitioners throughout the country every information they can require. The holding of the annual meeting of the American Institute of Homœopathy has been so timed, and the locality so chosen, as to afford special facilities for arriving in England a little before the day when the Convention will assemble. Special rates have been quoted by first-class steamship companies as a further inducement to our colleagues to visit the old country.

So anxious are our American friends to be on British soil as soon as possible, that they are, we hear, going to sail from Quebec! How many we may expect to have the pleasure of welcoming, it is of course impossible to foresee. But we hope that fully one hundred may be able to come, while we are well assured that a great many hundreds will sincerely desire to do so. All we can say is, that the larger the company the more gratified shall we be.

France and Belgium, where homœopathy is so well and powerfully represented, and Germany, the Vaterland of HAHNEMANN, will, we have reason to believe, each be well represented. From Italy and Spain, it is anticipated that

several arrivals may also be expected. A thoroughly hearty welcome may assuredly be predicted for our Continental brethren.

To render the visit of our American and Continental guests as full of enjoyment and satisfaction to them as may be in our power, must be our first consideration. To the complete fulfilment of this duty we call upon all British homœopathic practitioners to lend not only a willing hand, but an anxious and earnest heart.

By those of us who reside in and around the metropolis, the privileges of extending hospitality will be monopolised, and will, we trust, be largely exercised. We may here remind those who have not yet replied to Dr. BURNETT's circular, asking what hospitality they may be able to offer, that the local Secretary for London will be glad to hear from them as early as possible, in order that our friends may meet with a suitable reception immediately on their arrival in town.

While our colleagues in the country will necessarily be precluded from opening their houses, they will by their presence in London aid most materially in enabling those who reside here to render the visit of our foreign guests pleasurable one. We trust then that they will come amongst us in considerable numbers, taking an active part in the work of the meetings and in the entertainment of those from distant lands.

The President is, as we announced in our last number, Dr. RICHARD HUGHES, a physician than whom no one amongst us is more highly regarded both for the excellent work he has accomplished in the cultivation of homœopathy, and for his personal qualities. The Vice-Presidency, being vacant, will be filled up at the first meeting of the Convention. Dr. GIBBS BLAKE, of Harbourne Road, Edgbaston, Birmingham, is the General Secretary; Dr. BURNETT, of

5, Holles Street, Cavendish Square, Local Secretary for London; Dr. HAYWARD, of Grove Street, Liverpool, the Local Secretary for the west side of the country; and Dr. Black, of 33, Kensington Gardens Square, is the Treasurer. Either of these gentlemen will afford any information regarding the arrangements of the meetings that may be desired. Dr. BLACK will be especially gratified by a rapid increase in the number of subscriptions. It is of considerable importance that all contributions to the funds of the Convention should be paid in as early as possible in order that the Committee may be able to conclude the necessary arrangements at once.

The opening meeting on Monday evening, the 11th of July—the President's reception—will be of a purely social character. It will be held at the rooms engaged for the meetings of the week, those of the Dilettante Society in Argyll Street, Regent Street. The invitations to this meeting will include all the members of the Convention, together with the ladies of their families. Its chief object is to bring the members together for mutual intercourse, the inspection of objects of artistic and scientific interest, and to enjoy some good music.

On Tuesday, at 2.30 p.m., the first general meeting will be held, and the Convention be opened by an address from the President. At its conclusion the reports of the progress of homœopathy in different parts of the world will be presented, and a summary of them read from the chair. These reports will be furnished—for Great Britain and her Colonies, by Dr. POPE; for the United States, by Dr. TALBOT; for France, by Dr. CLAUDE; for Germany and Austria, by Dr. H. GOULLON, jun.; for Belgium, by Dr. MARTNY; for Italy, by Dr. BERNARD ARNULPHY; for Russia, by Dr. BOJANUS; for Canada, by Dr. NICHOL; for India, by Dr. SIRCAR. These reports will form the basis of a discussion

on the present state and future prospects of homœopathy throughout the world, and the best methods of making it still more generally known. Dr. BAYES, Dr. TALBOT (Boston), and Dr. CLAUDE (Paris) will open the discussion, so that the subject may be examined from the several points of view of England, the United States of America, and the Continent of Europe. Doubtless many other speakers will assist in promoting the thorough ventilation of a subject at once so important and so interesting.

The further details of the programme of the week we will give in the words of the *British Journal of Homœopathy* (April, p. 106):—

“ On the Wednesday afternoon, at the same hour, we shall begin our more strictly scientific work. The subject of the day will be the Institutes—or general principles—of Homœopathy, and *Materia Medica*. Of the essays sent in or promised in this department those of the earlier division have lent themselves more readily to discussion; though some of the latter kind furnished by Drs. Allen, E. M. Hale, Heber Smith, and Burnett, will adorn the transactions of the Convention. The first subject of discussion will be, as announced, ‘ The selection of the remedy with especial reference to individualisation and generalisation.’ This originally grew out of the offer of a paper on the part of Dr. Berridge, ‘ On the selection of the remedy.’ Feeling sure that extreme views as to individualisation would herein be maintained, Dr. Hughes undertook to prepare a contribution setting forth the other side of the truth, and Dr. Hayle, of Rochdale, was asked—as occupying somewhat of intermediate ground—to express his views on the subject. This he has done, in a paper exhibiting all the qualities of thought and style which distinguish him, entitled ‘ Thoughts on the Scientific Application of the Principle of Homœopathy to Practice.’ It rejects the extreme Hahnemannian method of selection *per enumerationem simplicem*, and advocates a more philosophical symptomatology as our basis for prescribing. Dr. Berridge has since withdrawn his offer;

and Dr. Fenton Cameron, another representative of the same school, has declined to supply his place. An application to Dr. Hawkes, of Chicago, has been more successful; and, from what we know of his writings, there is every reason to expect that individualisation and prescribing by 'characteristics' will be both ably and fairly justified. These three papers, then, by Drs. Hayle, Hawkes, and Hughes, will form the basis of the discussion on 'the selection of the remedy;' and Dr. Drysdale is expected to be its opener.

"An elaborate essay on Alternation, by two of our most eminent Belgian colleagues, Dr. Martiny of Brussels and Dr. Bernard of Mons, furnishes the next subject for debate. They urge, both on theoretical and on practical grounds, a wide adoption of the practice; and it is hoped that someone who is opposed to it will come forward to take up the gage they have thrown down so boldly and well. Dr. Hayward has expressed his intention of taking part in the discussion, but rather on their side.

"The next subject is that without discussing which no gathering of homœopaths could depart satisfied—the vexed question of *dose*. Some novelty, however, will be imported into it by the point of view from which mainly it will be presented by those who handle it. In the articles on 'Triturations' and 'Dilutions' in our two last numbers, we have sketched some of the thought and work lately expended in America on the scientific aspect of infinitesimal quantities and their effects. Dr. J. P. Dake, under whose headship the Materia Medica Bureau of the American Institute of Homœopathy has for two years worked at this subject, will sum up their labours for us; and Dr. Conrad Wesselhoeft, to whose researches we have made such ample reference, will discuss the relative value of such evidence as compared with that resulting from practice. Hence will arise the third subject of debate for the day. Those who desire to take part in it, however, will receive another essay as bearing on the question, though covering a much wider range. It is by Dr. Cretin, of Paris, and entitled 'The question of dose:

Hahnemannianism and Homœopathy.' Coming from his pen, it may be well expected to be a vigorous exposition of the rational and anti-mystic way of regarding our system of practice.

" We come now to Thursday's work, which is to be devoted to Practical Medicine, and that special branch of it now called Gynæcology. In the former category a good many of our contributions will find place. Those among them which have furnished the first subject for discussion are papers by Dr. Holcombe, of New Orleans, on yellow fever, by Dr. Sircar, of Calcutta, on the results of his experience in cholera and other acute diseases occurring in his sphere] of practice, and by Dr. Carter, now of Sydney, on dysentery as seen by him while in India. These have suggested 'homœopathy in hyper-acute diseases' as a topic on which all who practise in the tropics or their neighbourhood can enlarge with advantage to their colleagues. The addition of 'hyperpyrexia' to the definite forms of disorder already named will give those of us who live in less ardent climates an opportunity of contributing to the discussion, as the feature in question is not uncommonly seen in acute disease everywhere, and its treatment urgently demands consideration.

" Dr. Gutteridge, who has devoted a good deal of attention to cancer, has favoured us with a paper on its etiology and treatment, which will be read with much interest; and 'the possibilities of medicine' (as distinct from surgery) in this terrible disease will next occupy the attention of the meeting. Mr. Clifton will open the discussion on the subject, and Dr. Burnett will take part in it.

" Gynæcology will then be in order; and we have 'the treatment of affections of the os and cervix uteri' as the special point for consideration. The question how far these maladies, so common in the weaker sex, are amenable to the internal medication and gentle local appliances with which we treat other diseases is a moot one, and of no little importance. We have secured the services of three of our London practitioners, who are known to have cultivated this field, as essayists, on the subject; we speak

of Drs. Dyce Brown, Edward Blake, and Carfrae. Another, Dr. Matheson, will take part in this discussion, which is to be opened by no less a person than Dr. Ludlam, of Chicago.

“ On Friday, we are to be occupied with Surgical Therapeutics, Ophthalmology, and Otiatrics. We are unable as yet to fix the subject for discussion in the first of these spheres. We have succeeded in securing but few promises of essays, and of those which are forthcoming we do not as yet know even the names. This blank we hope ere long to fill. The diseases of the eye and ear are better supplied. The very important question of the treatment of iritis, especially in the syphilitic form, will come before the ophthalmologists. It will be handled in essays by Dr. Vilas, of Chicago, Dr. Campbell, of St. Louis, and probably Dr. Dekeersmaecker, of Brussels; and, as the disease not unfrequently comes before us all in daily practice, it is sure to find speakers ready to communicate their experience in its management. In ear disease, no single point has been selected for discussion, as the only paper in this department on which we can at present count is one from our own Dr. Cooper, which is a series of notes upon the use of homœopathic remedies in aural practice. The general question however as to what place homœopathy occupies in otiatrics, as compared with the local and mechanical measures in vogue in the old school, is one which may well be thoroughly ventilated.

“ The meeting of Saturday will be held half an hour earlier, to enable country members to leave for home by the afternoon trains. The business will be of a supplementary and miscellaneous kind; but there is sure to be a good deal remaining over to be talked about after the fixed programme of the previous days has been got through, and those who attend on Saturday will not be unrewarded for their presence.

“ Besides the general meetings of the Convention now sketched, the hall of assembly will be free in the forenoons for such special and sectional gatherings as may be organised among the members themselves. One of these to be occupied with the subject of hygiene is already being planned and prepared for by

our indefatigable colleague Dr. Roth ; and Dr. Duncan, of Chicago, will probably call together on one of the forenoons his brother pædologists."

With such a "bill of fare" before us, we have indeed a right to expect a thoroughly successful gathering during the second week of July. Our readers will, on reading it, feel at once that such a programme as this has not been completed without a very great amount of care, of thought, and of sheer hard work. When they reflect upon this we would have them remember that this care, this thought, this work has proceeded from Dr. RICHARD HUGHES. It is true that Committees have been appointed to develop the scheme, but it is equally true that they have throughout supported rather than aided Dr. HUGHES. Nearly, if not quite, every arrangement, every suggestion, has been initiated by him ; and we should not err if we added that nearly every letter in the vast correspondence that has been necessary has been written by him. To him, then, our heartiest thanks are due—thanks which we trust will be rendered not only in words, but by giving to him our most cordial support as our President, and by aiding by our presence at the meetings to render the occasion as brilliantly successful as it is in the power of British homœopathists to do.

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### KIDD, QUAIN, AND JENNER.

THE anxiety which has been naturally felt during the fatal illness of the illustrious statesman, towards whose sick chamber all eyes have lately been turned, has been tinged with disgust at the unseemly behaviour of two physicians of high standing, whose assistance in the efforts being made to save his life was requested.

It is well known that Dr. KIDD has for some years been the medical attendant of the late Lord BEACONSFIELD. It is equally well known that Dr. KIDD is commonly regarded as a homœopathic physician, and it is also true that in a greater or less degree Dr. KIDD does practise homœopathically—to what extent he does so his book, entitled *The Laws of Therapeutics*, sets forth quite clearly.

Some weeks ago it was announced that the Earl of BEACONSFIELD was “slightly indisposed,” and that his medical attendant recommended him to keep the house for a few days. Presently, announcements of this type became more serious. The illness of the noble lord did not yield to the measures adopted. Then came, from Royal and other quarters, an urgent demand for further advice. Upon this, Dr. KIDD wrote to Sir WILLIAM JENNER, asking him to help him. Sir WILLIAM point blank declined to do anything of the kind. Dr. QUAIN was also appealed to by Lord BARRINGTON, and after a certain amount of hesitation, a written assurance from Dr. KIDD that he had not treated Lord BEACONSFIELD homœopathically—a statement which the unchecked progress of the noble Earl’s illness testified to the truth of—that he would do for Lord BEACONSFIELD whatever Dr. QUAIN directed him to do, and having been satisfied by Sir THOMAS WATSON, Sir RISDON BENNETT, and Sir JAMES PAGET, that there was no harm in his meeting Dr. KIDD under the circumstances—he went. All that Dr. KIDD had done for the patient met with Dr. Quain’s approval. It had been lamentably unsuccessful, it is true, but so, as a rule, is all allopathic treatment in such cases; so that Dr. QUAIN had nothing to object to on that score.

Sir WILLIAM JENNER on one occasion saw Lord BEACONSFIELD with Dr. QUAIN—Dr. KIDD being out of the room. At another time Sir WILLIAM saw Lord BEACONSFIELD

when Dr. KIDD was present, but at a sufficient distance from him to prevent his presence having any prejudicial influence upon the chances of Sir WILLIAM's being elected President of the College of Physicians during the following week! This little bit of bye-play was got up because Lord BEACONSFIELD had, on the first occasion when Sir WILLIAM JENNER saw him, remarked on the absence of Dr. KIDD from the room; and his lordship was too weak the second time to allow Sir WILLIAM JENNER to run the risk of insulting his trusted medical attendant to his face. Hence he did so by arrangement!

Sir WILLIAM JENNER in his note to Dr. KIDD gives as his reason for refusing to meet him, that he does "not think that Lord BEACONSFIELD's interest could in any way be served by our meeting; on the contrary it could not be without risk to him." There would have been a much more obvious amount of truth in this passage if in place of "Lord BEACONSFIELD's" interest it had read Sir WILLIAM JENNER's!

The great object that Dr. QUAIN, Sir WILLIAM JENNER, and Sir WILLIAM GULL—who was consulted by Sir WILLIAM JENNER—appear to have had in view was obtaining Dr. KIDD's dismissal from the noble earl's service, and their own instalment. In this they have failed, as they deserved to fail. They have, however, not been without their revenge! The position into which they have forced Dr. KIDD was undoubtedly a most humiliating one.

At the *Comitia Majora* of the College of Physicians, when Dr. QUAIN went to confession, he had the impertinence to state that on consulting the Medical Directory he found that Dr. KIDD was a qualified practitioner. To suppose that he was otherwise was a piece of affectation, an assumption of ignorance which could have had no other object than to offer an insult to a physician who is well

known throughout the whole of London as possessing a larger share of public confidence than any other medical man of the day—Dr. QUAIN himself not excepted !

Then again, in order to persuade these big wigs of the College of Physicians to let him off as easily as might be, Dr. KIDD has been tempted into print, and left on record two statements that coming from most people would be regarded as contradictory. "Like other practitioners," he writes to the *Lancet*, "I use the drugs of the *British Pharmacopœia*, but in many cases I have learned from experience that what are called homœopathic remedies may be usefully prescribed;" while in a letter, dated three days later, so great is his attachment to homœopathy that he exclaims, "I cling, with strong purpose of heart and conscience, to the law of homœopathy, only because I believe it to be true, and find it, every day of my life, to be the most invaluable help in curing my patients." Again, he writes, "The allopathic doctor's inability to cure many diseases is because he ignores the help of the homœopathic law, of which I am not ashamed. Deprive me of its help and I should retire from practice altogether."

As we have said, Dr. KIDD has clearly defined his therapeutic faith in his book. He there shows that in acute disease no remedies act curatively with so much promptitude as do such as are homœopathic : while in chronic disease, he seems to think that palliatives alone are available, and consequently in such he relies upon allopathy. Whether Dr. KIDD is right in so limiting the advantages of homœopathy is a question of experience ; and we will venture to say that all homœopathic physicians, who, when face to face with a case of complex chronic disease, have carefully referred, in their study of it, to the *Materia Medica*, and have prescribed accordingly, will unhesitatingly assert that

Dr. KIDD is wrong. That antipathic palliatives do give immediate relief very frequently we all know, but there is the reaction, the inevitable reaction, which too often leaves the disorder worse than it was before. The difficulty of finding a truly homœopathic specific in such cases is, we admit, very generally great. But that it can be done, has been done over and over again, is certain.

Dr. KIDD is correctly described as a "reputed homœopath." We are glad to have the acknowledgment his extensive experience compels him to give that homœopathy is invaluable in acute disease; but the general public suppose that he regards it as of equal importance in chronic disorders—and go to him accordingly; they go to avoid the necessity of antipathic palliatives, of which in many instances they have had too many already. The results of such measures are not one whit better in the hands of one physician than they are in those of another; but, when they are provided by Dr. KIDD, they are supposed to be homœopathic; and failure to afford relief is at once attributed to a failure of homœopathy! This is certainly not as it ought to be.

That his practice may be known to be but partially homœopathic Dr. KIDD has withdrawn from the Council of the London Homœopathic Hospital and from the British Homœopathic Society. More recently, within the last three weeks (a somewhat ominous date by the way), he has withdrawn from the Council of the London School of Homœopathy.

The retrospect of the case in which Dr. KIDD has performed so conspicuous and important part is not a pleasant one. How far homœopathy, properly applied at the outset, might have checked the inroad of disease before fatal mischief had been set up, it is of course impossible for us to say. But we are sure that all homœopathic

experience will corroborate us when we assert that an accurately selected, a truly homœopathic specific, when given early and with judgment, very generally checks the course of disease with a degree of rapidity that would surprise all who have never tested the value of a remedy of the kind under similar circumstances.

It shows us also the determination which still exists on the part of leading allopathic physicians to refuse all aid to sick persons under the care of such medical men as know from experience the value of homœopathically chosen remedies. This, which was always inexcusable, is now much more so than it was thirty years ago. Then it was said that homœopathy was "opposed to the experience of the profession." Now that Ringer, Phillips, Bartholow, and Horatio Wood are accepted authorities in therapeutics, this cannot be alleged. A very large proportion of their recommendations are but the outcome of practical homœopathy!

It further shows that when a series of circumstances arise in an individual case, involving in such refusal an amount of unpopularity it would be hazardous to encounter, the position is accepted with a set resolve to render it as humiliating to the "reputed homœopath." as it is possible to make it.

Dr. KIDD in standing by Lord BEACONSFIELD in spite of everything calculated to induce him to withdraw, has unquestionably made great sacrifices, sacrifices which seem to us scarcely consistent with self-respect. His attention, his unwearying attention night and day for so long a time, must command admiration, and whatever therapeutic views he may hold, whatever means he may have adopted to relieve his patient, he has, and is entitled to have, the sympathy of the country.

Of the conduct of Sir WILLIAM JENNER and Dr. QUAIN we need say little. It has already received almost universal condemnation from the general press. The *Lancet* rejoices over the adamantine character of Sir WILLIAM JENNER'S decision, and deplores the laxity of Dr. QUAIN! The other medical papers seem to think that "under the circumstances" Dr. QUAIN could not very well have acted otherwise than as he did.

The *Scotsman* in a trenchant article on the situation referring to the announcement in the *Lancet* that Sir WILLIAM JENNER had "not met Dr. KIDD in consultation," says:—

"A load must have been lifted from the breast of the faculty on receiving the assurance quoted above, that the rumours of Sir William Jenner having been more humane than punctilious were entirely false. To the finely strung professional mind the idea was, of course, shocking and intolerable that Sir William Jenner could have so far forgotten what was due to the profession as to have gone to the help of Lord Beaconsfield when he was believed to be dying. 'What communion hath light with darkness, or the Queen's physician with a 'reputed homœopath!' Sir William, then, did not consult with Dr. Kidd; on the contrary, he expressly declined to do so' and therein he showed proper spirit and self-respect. Lord Beaconsfield might have died; but that, it would have been said, was the natural result of having entrusted his life to the care of a 'reputed homœopath;' and those who are so foolish as to do so must take the consequences."

Of Dr. QUAIN the writer of this article says with much point that "Instead of hastening to relieve distress, he went about making sure of his own position and reputation."

The lessons to be learnt from all this unseemly wrangling beside the death-bed of an aged and illustrious statesman, the editor of the *Scotsman* sums up as follows:—

“The fuss that is being made over this aspect of the case, within the medical profession, suggests some reflections that are not quite satisfactory from the point of view of the public interest. The excessive care taken by Dr. Quain to make sure of his position before joining Dr. Kidd, and still more, the manner of his elaborate explanation addressed to the Royal College of Physicians on Monday evening, seem to indicate a dread of terrible consequences in the event of the profession not having been satisfied of the propriety of his conduct. The question which called for that explanation distinctly implied censure of what Dr. Quain was supposed to have done, and if his statement had not been satisfactory, certainly censure, and probably more serious results, would have followed. This suggests that the rules of what are called professional etiquette do not differ materially or practically from the rules of trade unionism. The anxiety of Dr. Quain to conform to professional rule indicates a kind of terrorism, different in degree perhaps, but certainly not different in kind from that produced by ‘rattening’ at Sheffield. In his studied ignoring of Dr. Kidd, even when the latter was in his company, Sir William Jenner betrayed precisely the same feeling. This conduct would be childish, if it did not imply the existence of a very unhealthy condition of things. That condition of things has also a serious side for the public. If it means, as it seems to mean, that an allopath who consults with a ‘reputed homœopath’ loses caste and exposes himself to ‘rattening,’ that is bad enough. But if it means, as it also seems to do, that patients who prefer homœopathy will be ‘boycotted’ by the allopaths, the case is still worse. Sir William Jenner’s conduct and Dr Quain’s defence are, in fact, an intimation to the public that anyone who is foolish enough to employ a homœopathic physician need not apply to them in time of sorest need. That being so, it may be necessary for the public to take measures for its own protection against an outrageous monopoly.”

## CASES OF SCARLATINA SELECTED FROM PRACTICE.

BY JOHN DRUMMOND, L.R.C.P.E., M.R.C.S. ENG.

I HAVE selected the following cases from a large number of patients, who, during a recent and wide-spread epidemic of scarlet fever, have been under my care. They are interesting and instructive, because they illustrate some of the manifold phases of the disease which we are constantly seeing in the sick chamber. No disease presents a greater diversity of type. During a single epidemic, or even in a batch of cases occurring in the same family, we meet with cases of fearful malignancy running side by side with others of a perfectly benign character. In its worst form the patient is prostrated by the potency of the poison, and often dies before any of the ordinary phenomena of the disease are developed. In the month of July, 1878, such a case came under my notice. The patient, a little girl aged 7, returned from school in the afternoon, complaining of great lassitude and sore throat. Her mother, thinking she was feverish, gave her a warm bath, put her to bed, and administered *aconite* and *belladonna* every hour. She vomited soon afterwards, and was sick many times before midnight, when she fell into a fitful slumber, with incoherent muttering and delirium, and twitchings of the extremities. These subsided, and the child appeared to pass into a heavy slumber, perspiring freely, and the mother watched hour by hour, hoping she would awake and be better. At six in the morning she sent for me. I found the child lying in a state of stupor, bathed in perspiration; pulse so rapid and weak that I could not count it; temperature 106.4; pupils insensible to the stimulus of light, and dilated; and the breathing short and stertorous. I had the child wrapped in a blanket wrung out of hot water and mustard, and administered half an ounce of brandy in thin arrowroot by enema. No attempt to rally was made, and the child died within twelve hours of the first serious symptom of vomiting at eight on the previous evening. I expressed an opinion that the disease was scarlet fever, but as the symptoms were so obscure, I gave an open certificate as to the cause of death—"Fever with delirium." Within a week other cases of scarlet fever occurred in the same household.

In July of the following year I had the misfortune to lose three cases in one family, almost identical in type. Constance C., aged 17 months, was taken out by the nurse during the morning of July 15th, 1879. She soon returned, as the child appeared poorly. Whilst the mother was undressing it, the child vomited, and immediately afterwards had a convulsion. I was attending a very simple case of scarlet fever in the family, and called just at the time this happened. I placed the little patient in a warm bath, and afterwards had it enveloped in a blanket wrung out of hot water and mustard, and applied a spirit lotion to the head. After the convulsion had passed away, as the circulation seemed in a state of collapse, I administered brandy and water in repeated doses, and left *belladonna A* and *cuprum acet.* 1 to be given in  $\frac{1}{2}$  drop doses every fifteen minutes for four doses, and then every half hour. The stomach rejected everything that was given, and several slight convulsions recurred during the afternoon. In the evening coma supervened, the temperature ran up to 105.3; the skin was in a bath of perspiration; the breathing became more hurried and stertorous: the sphincters relaxed; and death released the little sufferer thirteen hours after its first seizure.

Jessie C., aged 4, was taken ill on the 17th July, with violent sickness, and I saw her within two hours. The skin was hot; temperature 102.1; pulse 108; great pallor, with dark circles around the eyes. She complained of sore throat, and I found the tonsils tumid and covered with an ashy diphtheritic deposit. The child had appeared well on the previous day, had passed a perfectly tranquil night, and had made a good breakfast on the morning when she was taken ill. I ordered a hot blanket pack, and gave *aconite* and *belladonna* every half hour. In four hours the temperature ran up to 104, and the pulse to 120, and the cervical glands were swollen. The child was apathetic, and appeared quite heedless as to what was done to her. She drank water and weak brandy and water quite greedily, but was sure to vomit it immediately afterwards. Upon removing the blanket the skin seemed reddened, and there was a distinct rash about the axilla and groins. In the evening the symptoms were graver, the temperature had increased to 105.1; diarrhoea had set in; about midnight there was no trace of the rash, and the skin was bathed in perspiration, which stood in large beads on the forehead.

and face ; there was constant twitching of the extremities, and the child was quite comatose. Death ensued the following morning, after an illness of sixteen hours.

Beatrice Mary C., aged three years, on the same morning was taken from her bed by the nurse and dressed as usual, nothing attracting her attention. She refused her breakfast, and very shortly afterwards began to vomit. The distracted mother sent for me at once, and I saw her within half an hour, but she was then in a state of complete collapse, from which she never rallied, and died ten hours after the beginning of her illness. These cases illustrate the terrible malignancy of this disease in its most virulent form. The nervous system is paralysed from the onset, and the vital forces succumb, without any effort to react, consequently there is no development of the usual symptoms of the disease, and it is only by the surrounding conditions that we can actually be certain scarlatina poison has been the destroying agent. Trousseau impressively guards us in the following way : " During an epidemic of scarlatina, particularly when the disease has already attacked persons in immediate communication with your patient, you should be very guarded in your diagnosis, if the case present cerebral symptoms. Be specially guarded if such symptoms declare themselves at the beginning of the illness, as they then almost always announce that the malady is malignant scarlatina, which, with very few exceptions, proves rapidly fatal. I must insist upon this point, as inattention to it will cause serious errors of diagnosis, and give rise to mistakes in prognosis exceedingly injurious to the reputation of the physician. People forgive us more easily for allowing our patients to die, than for having made a mistake as to the issue of an illness." Many years ago, perhaps eighteen, I was severely censured by the father of a family, whose children were under my care for scarlet fever, because, when I was consulted about one of them, who appeared to be sickening as the others had done, I prescribed without foretelling anything more serious. When I paid my next visit the following morning, the child was dead, and I had been superseded by another practitioner, who unhesitatingly assured the parents, " the child had not had scarlet fever at all, but had died from inflammation of the membranes of the brain with rapid effusion, and if he had seen the child a few hours earlier, he could have saved its life."

Malignant cases which recover present symptoms of great severity, of a marked typhoid type. The nurse who had attended to the cases just described may be cited as an example.

A. P., a strong, healthy woman, in her twenty-fourth year, having lost much rest, and suffered extreme anguish of mind, was seized with severe rigors on the 19th July, 1879. She complained of faintness, intense headache, with vertigo when she attempted to rise from the pillow, and the sound of machinery buzzing in her head; she frequently vomited, and expressed a certainty she was dying; pulse 115, temperature 103.1; sore throat and great weakness, so great that she got to bed with difficulty an hour after the commencement of her sickness, every effort to undress bringing on renewed vomiting. *Bell.* 1x, *Aconite* 1x.

20th. Bad night, some delirium, mouth dry and parched; pulse 120; temperature 104; tonsils and cervical glands swollen, diphtheritic patches on each tonsil. Repeat *bell.* and *aconite*, and give gr. ij. *merc. biniod.* every third hour.

21st. Tongue brown and dry, teeth covered with sordes, pulse 120; temperature, morning, 103.2; evening, 104.3. Continue medicines. A gargle of permanganate of potash (gr. j. to the ʒj.) to be used every three hours, brandy, beef tea and nutrients to be taken as freely as possible.

22nd. Extreme exhaustion, trembling of extremities, very little sleep, and what there is very disturbed; the throat is very bad, and the exudation has extended over the soft palate and uvula. The skin for the first time is fairly covered with rash, which is of a dark reddish colour. Bowels relaxed twice during the night; breath very foetid. *Arsen.* 1, *bell.* 1x.

23rd. Had a better night, and is taking more nourishment. Continue the medicines.

25th. Decided improvement. The throat clear from exudation, and she wishes to leave off the gargle, which makes her feel sickly. Substituted one of chlorate of potash eight grains to ounce. During the following week she went on satisfactorily, the skin is peeling from the neck, axillæ, and bends of the knees.

August 2nd. She complains of pain in the knee joints, which prevents her bearing any weight upon them, and although up yesterday, she is compelled to remain in bed

to-day. There is a little puffiness around the patellæ, with tenderness upon pressure. To be wrapped in carded wool, and to take *bryonia* and *rhys* alternately.

3rd. The wrists, ankles, and hips are painful. Slight fever, pulse 100, temperature 101.1; urine scanty, free from albumen, acid reaction and sediment after standing. *Aconite* 1x, *bryonia* 1x.

5th. Perspired freely yesterday, and during the night, and feels better. *Bryonia* 1x, *rhys* 1x.

After this date convalescence slowly advanced without further drawback, and she went to the country five weeks after the commencement of her illness.

In the month of January, 1880, I attended a very instructive case, of a malignant type, in a boy aged twelve, living in Culcheth Lane, Newton Heath. On New-year's day he had been to a school tea-party, and the day following he was languid and complained of his head, and would not go away from the fire-side. On the third, he vomited several times, still complained of his head, and his mother put his feet in hot water and mustard before putting him to bed. During the night, he screamed out several times "Oh! my head," was sick twice, and in the early morning had a slight convulsion, after which his mother says, "she could make no sense of him," so she sent for me.

Jan. 4th. He is lying in a semi-comatose state, from which he can be aroused for a moment, when he resists the effort made to awaken him, says "Don't," turns over, and is asleep again. The pupils sensitive to light; bowels have been freely relieved after a dose of oil; pulse 125, temperature 104.1. Ordered cold applications to the head, the extremities to be kept warm by means of hot flannels. Gave *acon. A* and *hell. A* every hour. Evening condition very similar. He has taken his medicine and drank water, but has scarcely been conscious all day. The glands of the neck on each side are swollen, and there appeared to be some difficulty in swallowing, as there was a marked effort in doing so at least. With some trouble I examined his throat, found an efflorescent blush on the palate, the tonsils inflamed and studded with white follicles; temperature 104. Change *hell. 1x* to *cupri acet. 1*.

5th. Very restless, distressed night, calling out, tossing about, and seeming to know no one, and to resist all efforts to pacify him. The body is covered this morning with

scarlatina rash, the pulse 120, the temperature 103.3, and he seems more rational.

6th. Is well covered with the rash, especially the hands and feet, which are swollen, and as red as boiled lobsters. As the rash has developed, the other symptoms have subsided, and the drowsiness has quite disappeared. The throat is very sore, and the submaxillary glands are greatly swollen. *Bell.* 1x, *cupri acet.* 1, and *merc. biniodide* 1, every two hours in rotation.

7th. A thin acrid discharge from each nostril, with some excoriation of the *alæ nasi* and upper lip. Put *kali bichrom.* 1 in the place of the *cupri acet.* The case progressed slowly but favourably to the fifteenth, and desquamation was rapidly progressing. During the night of that date he cried out again and again about his head. He described the pain as most severe over the left eye and in the temple, and when I pressed the temple and supra-orbital ridge he cried out that I hurt him. I gave him *coloc.* 1x and *arsenicum* 1, believing the pain to be of a neuralgic character.

17th. The pain is better, but the whole of the left side of the face is inflamed with small blisters studding its surface. *Arsen.* 1, *rhus* 1x. This eruption ran the usual course of herpes, and dried into a disgusting scab, which often from irritation discharged blood and serum. His health, however, gradually improved, and about the middle of the next month he was quite well, with the exception of a deep red stain, where the herpes had been, which of course has since passed away. Dr. Hutchinson says, "that special conditions of the blood may so irritate the roots of the sensory nerve trunks as to induce those trunks to cause at the periphery herpetic inflammation;" and the eruption in this lad, following severe neuralgic pain in the supra-orbital and temporal nerves, is an interesting example of the coincidence of the one and the other. The neuralgic pain of herpes-zoster is by far the most distressing feature of the disease. I have known it to persist for months after the eruption had quite disappeared.

At the latter end of July, 1878, within a fortnight of the death of F. A., whose case is the first one referred to in this series of cases, A. A., a bright girl in her fifth year, was taken ill with scarlet fever. The fever ran very high, the temperature on the second day reaching a fraction above 103; the throat exceedingly sore, with patches of

tenacious mucons clinging to the tonsils, tongue dry and red with prominent papillæ, rash well out over the whole body, the submaxillary and cervical glands large and tender. During the following night, there was great wakefulness, with delirium and fretfulness; *aconite* and *belladonna*, with an occasional dose of *hyoscyamus*, helped to soothe, and during the following three days the symptoms became considerably ameliorated, the child brightened and took an interest in passing events, asked for picture books, and to have nursery rhymes repeated to her. She was quite ready for the food, chiefly milk, beef tea, or chicken soup, which were given to her. She progressed satisfactorily to the middle of the second week. She then began to droop, and an acrid discharge from the nostrils gave her much discomfort by the excoriations which it occasioned.

Aug. 3rd. During the night she has shrieked at times in the most distressing way, with pain in the left ear, the glands on that side are enlarging again, and with some redness; there is great tenderness when touched, and she holds her head stiffly and bent towards the shoulder. *Bell. A* and *merc. biniodidi* 1 were given, cotton wool moistened with laudanum placed in the ear, and a warm linseed poultice applied over it.

4th. The pain is less, there has been free discharge of pus from the ear. The child, however, is seriously worse, quick weakened pulse, the lips dry and cracked, great thirst, and the glands from the ear to the clavicle are very much swollen. The urine is scanty, and contains albumen. Temperature, 104.8. *Arsen.* 1, *hepar, sulph.* 1 gr. i. alternately.

5th. The swelling in the neck has increased, and is quite even with the lower jaw; it has a peculiar hard, brawny feel, a deep dusky colour, but there is no fluctuation. It is most difficult to get the child to take nourishment.

6th. A large blister formed under the ear, from which an ill-smelling, ichorous discharge escaped when opened. The neck feels softer, and is boggy and œdematous, but I can make out no fluctuation. The child is much weaker, takes very little notice of what is done, and makes no resistance when the nurse is re-applying the poultice, as she did yesterday. Carbolic acid lotion is used under each poultice.

7th. A large ashy slough formed on the site of the blister, with ill-formed ichorous pus welling up upon pressure. Lower down near the clavicle another bulla has formed, containing fluid like the one opened yesterday. The whole side of the neck is gangrenous. Pulse 150; temperature 106.1.

9th. The destructive sloughing went on rapidly yesterday, the discharge being horribly foetid in spite of charcoal poultices and carbolic acid lotion, and this morning the child died suddenly, immediately after the nurse had dressed the wound, and whilst she was giving some brandy and water.

Mrs. A., the mother of this child, during the earlier stages of its illness, took sole charge of her, and isolated herself entirely in a room at the top of the house. While cleaning about the window, she knocked the skin off the first phalangeal joint of the second finger, and of course treated it as a very trivial accident. The wound began to suppurate, and became exceedingly painful, and she showed it to me on the first of August. I advised carbolic acid lotion to be applied constantly. The next day a blush of inflammation extended to the knuckle, and she complained of pain and tenderness on the back of the hand, which was swollen. A linseed poultice was applied, and *hepar, sulph.*, and *bell.* given every hour. She had several rigors during the night, and complains of great prostration, headache, and suffering in the hand. A secondary abscess is forming on the back of the hand, and the lymphatics can be traced up the forearm as reddened streaks. There is tenderness upon pressure in the axilla, and the glands are distinctly felt there. Poulticing and hot fomentations were continued, and my patient was obliged to keep her bed.

Aug. 4th. Opened the abscess on the back of the hand. My patient complains of sore throat and great weakness. Temperature 102.4; pulse 108.

5th. The body is well covered with the ordinary scarlet fever rash, and my patient on the whole appears better, but is very low and desponding, partly in consequence of the very critical condition of her child, who is lying in an adjoining bed. There has been a free discharge from the hand, and it is not so painful, except when she bends the finger, which causes agony. I put a small splint on the palmar surface of the finger and hand, which I thought would be a help to her, and which gave her much relief.

She went on very satisfactorily until the third week, when there was some return of the fever, and a slight trace of albumen in the urine. *Aconite*, *apis*, and *terebinth* were given with perfectly satisfactory results, and convalescence set in afresh, the wound healed on the back of the hand, and she left her home for the south at the end of the sixth week of her illness. The disease in this case appears to have been taken through the wound. Symptoms of blood poisoning set in before the child's neck suppurated, and previous to the purulent discharge from its ear, but it is quite possible some of the mucus from the nose may have come in contact with the abraded surface on the finger. Coincident with the redness of the lymphatics, and the tenderness of the axillary glands, constitutional symptoms, with sore throat and the subsequent development of the rash, showed the patient to be suffering from scarlet fever, and the local mischief then seemed arrested. In ordinary blood poisoning from a wound, a progressive series of glandular troubles would have followed. This is an interesting feature in the case.

These examples are selected from a large number of perfectly benign cases, which might be treated with soap-suds and oil, as so enthusiastically extolled by Mrs. Jacob Bright in the columns of the *Times*, to show what a terrible scourge scarlet fever may be, and how essential it is to use all our efforts to arrest its spread when at any time it proclaims its presence. At a future date I hope to publish some cases of scarlet fever dropsy, and other sequelæ left by the disease.

Manchester, April, 1881.

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## TWO CASES OF OVARIAN TUMOUR.

By J. T. TALBOT, M.D.,

Professor of Surgery in the University of Boston, Surgeon  
to the Boston Homœopathic Hospital.

THE first case, Miss J., aged 41, entered the hospital July 26th. She first noticed a swelling in the left side about a year ago. In March last her menses, which had been quite regular up to that time, ceased. The tumour rapidly increased in size, was hard, firm, knobbed, and immovable, with pain and soreness over the entire surface of the abdomen. She kept about her work till June 6th,

since which time she has been obliged to remain in bed. By the aspirator, about four ounces of ovarian fluid were withdrawn, requiring the puncture of several cysts. It was diagnosed as multilocular ovarian tumour, with extensive adhesions. The case was not deemed a favourable one for operation, and the patient remained in the hospital two months under treatment, and though made comfortable in many ways, still the tumour increased in size and impeded the various functions. The urine was scanty, bowels rarely moved, appetite wanting, the limbs became swollen and hardly movable, and general strength rapidly diminished. Death was imminent, and at the urgent request of the patient and her friends, the operation was made on September 25th under carbolic acid spray, and later, antiseptic dressing. On making the incision along the median line from umbilicus to near symphysis pubis, the tumour was found to be quite firmly adherent to the peritoneum in front and on both sides, requiring much force to separate it; also above to the stomach, mesentery, spleen, and posteriorly to the intestines. It was found to be impossible to reduce the size much by puncturing the cysts, and it was found necessary to enlarge the incision to some four inches above the umbilicus. On removing the tumour from the abdominal cavity, the pedicle was found to be about six inches in width. This was secured by the carbolated catgut ligature, and severed by the thermo-cautery. The bowels were carefully restored to their place, and the wound brought together by twelve silver sutures. The tumour weighed something more than twenty pounds, was multilocular, of the endogenous variety, every cyst being lined with innumerable smaller ones, and the contents varying greatly in colour and density. The incision healed by first intention, and the patient did remarkably well. The pulse was at its highest on the third day, at 124, and the temperature  $101\frac{1}{3}$ . The urine became free and copious, but heavily laden with phosphates. The oedema in limbs rapidly diminished; flatus passed on the third day; the patient was moved to another bed on the eighth day; and the bowels moved on the tenth day. Her appetite improved and her health was fully restored.

The second case, Mrs. M., aged 37, was admitted November 6th for treatment of an abdominal swelling. Six months previously she had had severe cutting pain in

the umbilical region, and her abdomen soon began to enlarge, and measured thirty-five inches around the umbilicus. Fluctuation was perceptible, and forty-five ounces of ovarian fluid were drawn off by the aspirator. In the upper part of the swelling in the region of the spleen a hard tumour was perceptible, quite movable, and of the size of a child's head. Although the pedicle could not be detected, a monocystic ovarian tumour was diagnosed and its removal recommended. The operation was performed on December 23rd. A linear incision exhibited a tumour of left ovary adherent slightly to the peritoneum of left side. Its contents were easily evacuated, and a pedicle was exhibited about five and one half inches in width. This was secured by carbolised catgut thrust through the centre, divided, and the two ligatures, linked together like a chain, passed around the whole, which was thus doubly secured and reduced to its smallest possible space, not larger than the little finger. The tumour was then separated by the thermo-cautery. The wound healed by first intention, and no untoward symptoms occurred. The pulse was only for a little time above 72, and the temperature did not reach 100. The flatulence which usually follows the operation was relieved, as in the first case, by *carbo veg.* A full evacuation occurred on the twelfth day. The urine was free, but contained successively large quantities of albumen, phosphates, uric and hippuric acids, oxalate of lime and sugar, but in two weeks became perfectly normal. At the end of three weeks the patient was quite recovered, appetite enormous, and rapidly gaining strength.—*New England Medical Gazette.*

## BRIEF CLINICAL NOTES ON *AILANTHUS*, *ASCLEPIAS*, AND *AMMONIÆ ACETAS*.

By S. H. BLAKE, Esq.

IN a recent article in the *Homœopathic Review*, Dr. Dyce Brown, when discussing the treatment of cerebral hyperæmia, refers to *ailanthus* as suitable to a certain variety of that pathological condition. He remarks upon the relation of the medicine to the head symptoms of certain fevers, and goes on to say that there are not, so far as he is aware, any recorded instances hitherto of the use of *ailanthus* in cerebral diseases other than those connected with these

fevers. It may, therefore, be interesting to briefly record three instances in which, since the appearance of his lecture in the *Review*, I have put this drug to the test with decided success. As soon as the symptomatic relationship between the action of a drug and the occurrence of its symptoms in a disease or in a pathological condition has been clearly pointed out, there is very little difficulty in rendering the information practically useful. The thing is, as it were, no sooner said than done. As Dr. Dyce Brown suggests, the *ailanthus* becomes a grand remedy for a certain form of headache. The first instance I will record is that of a woman approaching the climacteric, of dark hair, eyes and complexion sallow, and of bilious temperament. She is insufficiently supplied with good food, and is constantly indoors. She has every day dull continuous frontal headache. Her mental state is depressed. *Bryonia* has not done her much good.

On March 29th she had *ailanthus glandulosus* 1st cent. *ter quo die*.

April 5th. The headaches cured; since taking the medicine very little of the morning headaches; they were soon relieved. She feels "a great deal better, though still weak." No headache during the past few days. Her only complaint now is pain in flesh of the breast, just where it joins the chest under the left axilla. This pain has been troublesome, and worse when she "catches cold." *Bry.* 1, 6 *tis. horis*.

The following case is that of a man sixty years of age, who has suffered from a cerebral lesion for several years. At times he has had very severe headaches, localised and associated with cerebral disease. With the paroxysms of headache there have also been neuralgic pains in various parts. At a time when these symptoms had passed away, he suffered from a troublesome drowsiness throughout the day, notwithstanding that he slept well at nights. There was also a dull and confused state of mind, and marked mental depression at times. The drowsiness had lasted for several weeks, but *ailanthus* cured it in a week, making the head feel much better at the same time. Once on a former occasion *mezeleon*  $\phi$  had been given for severe pain of the vertex and tenderness of the scalp, and had produced such decided drowsiness and deep night sleep, that the patient enquired if he had taken an opiate. Before the *mezeleon* had been used he was sleepless with the severe

pain on the left side of the vertex. This symptom is noted as pathogenetic by Dr. Cooper, in a case treated by him in the last month's issue of this *Review*, and his remarks there coincide with the present observation. The drowsiness of the cerebral hyperæmia in fevers and headaches, and low delirium for which *ailanthus* is so useful, bear an interesting comparison with the dull and drowsy conditions likewise removed by this medicine in instances such as those here recorded.

In another instance, a woman of sixty-five had signs of cardiac degeneration and dilatation, with venous turgescence of the face (*digitalis* has done much good for her). She was also subject to cerebral congestion, with dull headache, general and occipital. This headache has been repeatedly relieved by a copious nosebleed during the attack. On one occasion, nose bleeding occurred and relieved the vertex headache to a considerable extent, but there was left afterwards a dull, stupified, and very drowsy state, continuing even during the day, with dull sub-occipital pain. *Ailanthus* 1st cent. cured this state of the head in twelve hours, giving very great relief, and making the head feel lighter and clearer, but it left the occipital pain, for which *gelsem.* 1x was given with success.

*Arnica* for the headache with nosebleed, which occurred under very similar conditions on a former occasion had been employed with success for the person just referred to, when *ailanthus* was now used in this latter instance with so gratifying a result. Subsequently the *phosphate of iron* was given, and this has been followed by the most permanent relief to both nose-bleeding and cervico-occipital congestion.

#### *Asclepias Syriaca.*

An infant, six months old, suffered from dropsical effusion into the lower extremities, hands and face, and besides this the child had slight cough and frequent convulsions. The urine was scanty, of strong smell, and stained the linen of a dark colour. *Asclepias cent.* speedily cured the dropsical symptoms which had lasted for a fortnight, and at the same time the urine became healthy and the convulsions with drowsiness disappeared. In this infant the lower extremities pitted deeply on pressure, the skin was of a pale transparent and puffy appearance, and the child somewhat anæmic. Within twenty-four hours the most marked amendment took place after this medicine was

commenced, so that in about two days the dropsy may be said to have been cured. I have not sufficient evidence to state the pathological conditions at the root of these symptoms.

In another instance, a girl, aged three years, had had scarlatina. A few days after the rash and fever had abated and the patient was thought to be getting well, extensive œdema set in affecting the extremities and face (eyelids very puffy), urine scanty, and it deposits with heat (also with heat and nitric acid) a thick brownish flock, quite unlike the copious whitish coagulum of albuminuria as it usually occurs. There was therefore albumen but not a great quantity, and the tint of it when coagulated was fawn colour. This child was pale, waxy skinned, and somewhat anæmic. The colour of the urine was like that of strong tea. This has been said by a writer of an account of this medicine to be one of the indications for *apis*. *Apis*. 3 x. was given, and effected only slight improvement if any at all, as the dropsy continued, so also did the state of urine. *Asclepias Syriaca* speedily restored the case to health. The dropsy soon dispersed, under its administration amendment set in at once, and there has been no trouble since. She was up and about within a week, whereas hitherto she had been lying in bed in a very drowsy, weak, and low condition, in fact, I hardly expected her recovery at all. This appearance of the urine, which resembles a strong infusion of tea, would seem to be found to be present in more than one variety of pathological condition of the kidney. For one of these states *apis* is acknowledged to be a specific medicine.

*Ammon. Acet.*

A young man of twenty presented the symptoms of diabetes, hunger, excessive thirst, and frequent profuse urination, with debility. Having seen in Allen's work that *ammon. acet.* is credited with the symptom "sugar in the urine" I ventured on that medicine, a dose of No. 1 three times a-day for a week. I regret not being able to state whether there was any sugar in the urine, for though he was requested to return and bring his urine for examination; he failed to do so. He has not been seen since by me, but many weeks after his visit his mother appeared for treatment for herself, and reported that as the medicine had cured him or at least as he got quite well soon after taking it he did not think it needful to report himself again. It may be of interest to remember in this connection that

certain lesions of the *pons varolii* may produce either of three urinal conditions, (a) Polyuria with sugar, or (b) Polyuria alone, or (c) Albuminuria. Thus three different states are brought as to causation into close proximity in one locality at the nerve centres. The case referred to, in which the diabetic symptoms were removed, can of course be taken only for what it is worth. These cases are but small ones, but when it is remembered that by the addition of small things, greater ones result there appears to be a considerable use in not omitting to record them. Moreover, when we consider the vast number of seemingly trivial cases which go to make up the mass of work of every day experiences, and the frequency with which apparently small diseases become worse and end badly, it is not to be wondered at that the individual satisfaction of each practitioner often depends more upon the success with which he encounters the mass of minor ailments than upon the occasional great hit or cure of some exceptionally severe disease. Further, as the leading medical journals have for the most part for a long number of years disdained to discuss the treatment of slight and common diseases or refer only briefly to these as compared with the elaborate dissertations upon extensive surgical operations and the pathology of medical cases to the neglect of therapeutics, it does not seem unbecoming for us to refer to the treatment afresh of the most ordinary and trivial cases which day by day are treated successfully with medicines used upon the homœopathic principle.

Liverpool.

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### ON NEURAL-ANALYSIS.

By W. DEANE BUTCHER, Esq.

SOME months ago, news came from Germany that, at last, there had been discovered a method of detecting and comparing the action of the higher attenuations of homœopathic remedies, and that in the most exact manner, by the aid of machinery.

The news was received with suspicion, and it was thought by most to be highly improbable or, at best, exaggerated.

At last details of the invention have arrived, which prove to be of the very deepest interest.

Professor Dr. Gustav Jaeger, of Stuttgart, is not a homœopathic practitioner, but merely a man of science, a professor of zoology, and an able exponent of the Darwinian theory.

His previous work, *Die Entdeckung der Seele*, details those investigations on the sense of smell, and the influence of odours on the nervous system, which first directed his attention to the critical examination of potentized remedies.

His book on Neural-analysis has been just published, and it is from its pages that the following brief account of his experiments has been extracted.

Neural-analysis is, in short, the determination of what astronomers call the "personal equation" of an observer, and the effect on that equation of various remedies when inhaled.

In his experiments Dr. Jaeger makes use of the Hipps' chronoscope. This is a very delicate and accurate clock, the hand of which can be started and arrested by touching an electric key. This stop-watch or clock has a hand which turns round once in the tenth of a second. Each division on the dial represents one-thousandth of a second (one mille-second). The observer touches a key and starts the hand. The instant he notices the movement of the hand he releases the key and stops the clock. Suppose the hand stops at the 36th division on the dial, this tells him that it has taken him 36-thousandths of a second (i.e., 36 mille-seconds) to notice the fact that the hand has begun to move and to arrest the motion. 36 mille-seconds is the measure of his "personal equation," i.e., it is a measure of his quickness of perception and motion—in other words it is the measure of his nervous excitability.

Two processes have gone on during this interval of 36 mille-seconds. A wave of sensation has travelled from the observer's retina to his brain, there to be translated into a motor impulse. That is the first process. The second event is the transmission of a motor impulse along the nerves to the finger, there to be translated into motion by the muscles. Now, it is found that the first process may be much abbreviated. By constant repetition of associated sensations and actions, the acts become automatic, and thus the time is saved which would be required to rouse the will and to translate sensation into voluntary motion. There still, however, remains the interval during which the wave of excitation is travelling along the course of the optic nerve, through the brain and motor nerves. This period differs considerably in different individuals. It is the measure of this interval which constitutes the personal equation. Astronomers have

long known it, and in an observatory each assistant has the measurement of his personal equation measured and noted, in order to afford a necessary correction in his transit-observations, &c. Professor Jaeger, however, discovered that this equation was not only a matter of personal idiosyncrasy, but was affected by states of health and fatigue, and that, moreover, the inhalation of various drugs had a marked and definite action on it.

To investigate this matter he has spared neither time nor pains. At the request of Herr Zöppritz, the secretary of "The Hahnemannia," he undertook the systematic proving of the potencies of a certain number of drugs.

His pamphlet of some seventy pages details very fully this series of experiments which have been carried out by himself and four of his pupils. It is illustrated by charts of the osmographs or curves, set out somewhat like a temperature chart.

The experiments are conducted in the following manner:

Each morning the observer starts and stops his watch and notices the interval. This he repeats one hundred times, and carefully notes the mean of his measurements on a chart.

He then inhales pure alcohol, and notes the measurements made under its influence. The next step is to repeat the experiment while inhaling the vapour of the drug under examination. In most cases he is able to stop his watch quicker while inhaling alcohol, showing that it increases the nervous excitability.

The drugs hitherto examined are *aconite*, *thuja*, *natrum muriaticum*, and *aurum*. We have no space in this paper to do more than briefly examine one of these provings, viz., *aconite*. The mother tincture caused a diminution of 14 p.c. in the nerve-excitability, and a lengthening of the personal equation or nerve-interval. Thus, while he could stop the watch ordinarily in, say 100 mille-seconds, it took him 114 mille-seconds to stop it while he was inhaling the *tincture of aconite*  $\phi$ .

On the other hand, in the higher potencies *aconite* increased the nervous excitability, and diminished the nerve-interval.

Thus the 5th potency increased the excitability + 10 p.c.; the 10th potency increased it + 40 p.c.; and the 15th potency + 47 p.c. Above this point the effect of higher potencies was not so great, for the 20th potency in-

creased the excitability only + 39 p.c., and the 30th potency only + 25 p.c.

The 100th potency was examined on three different occasions, and from different pharmacies. The result was an increase of + 23 p.c., + 22 p.c., and + 29 p.c. respectively. The 150th potency showed another maximum, for it caused an increase of nerve-excitability of over 35 p.c.

There is very much more of interest in the character of the osmogrammes or curves showing the particular manner in which the nervous excitability is altered in each case, but we have said enough to point out the vast importance of the method.

If it be true, that by this means three samples of the 100th potency of a drug such as *aconite* can be compared with such definite results, that these effects can be measured by machinery with such exactness that the results only differ as in this case is exhibited by the figures 23.4, 22.3, and 29.3 p.c., it is manifest a new era has opened for homœopathic pharmacy.

At all events we may venture to say that henceforth no proving of a drug will be complete without its effect on the nervous system being measured quantitatively by this process of neural-analysis.

Indeed, if it be found that these experiments are capable of being repeated and extended, and we see no reason to doubt the care and conscientiousness with which they have been carried out and described by Dr. Jaeger, its results can hardly be over-estimated.

For it must not be forgotten, that it was and is the small dose which is the burning question between the old and the new school. It is that which bulks largest in the public mind, when they hear the word homœopathy. It is this which has destroyed our reputation for veracity and sanity with our colleagues; and it will be of the highest importance for us, if we can bring into court the evidence of experiments such as these, controlled by machinery and verified by figures; for as the motto on Dr. Jaeger's pamphlet tells us "Zahlen beweisen." Proof lies in numbers.

We hope on a future occasion to pursue this subject.

Reading, April 18th, 1881.

## A CASE OF HÆMOPHILIA.

By T. SIMPSON, M.D.

HAVING recently witnessed the disastrous results which may follow trifling losses of blood in persons of a hæmorrhagic diathesis, I am anxious to report the particulars of a case, which I think peculiarly instructive to my professional *confrères*, illustrating as it does the importance of ascertaining the existence of this fatal tendency in any who may propose to submit to an operation which may involve loss of blood.

My patient was a lady, æt. 35, with the characteristic blonde hair, blue eyes, fair skin, with the blood-vessels shining through, which so often indicate the predisposition.

She had five teeth extracted on March 5th at 8 p.m. The teeth being brittle it was found necessary to press the forceps well down into the gum, and they were consequently much lacerated during the operation.

The subsequent oozing of blood was slight, until the following evening, when it increased, and continued during the night, so as to induce faintness.

A medical gentleman who was summoned to her aid applied *liq. ferri pernit.* freely to the bleeding cavities, which he afterwards plugged with cotton wool, but to no purpose, the hæmorrhage continuing profuse.

I saw her thirty-six hours after the operation in the following condition. Face pale and swollen, with diffuse ecchymosis around the mouth and eyes, and on abdomen and extremities; pulse 140, almost imperceptible, very foetid odour from mouth, which was with difficulty opened. The gums being swollen, spongy, and bleeding. Every attempt to arrest the hæmorrhage by local applications having failed, and her life appearing to be in jeopardy, I at once gave *phosphorus* 12 cent., one drop every quarter of an hour.

Within one hour signs of reaction set in. The passive hæmorrhage from gums ceased. The urine which passed three hours after contained much less blood, and the stool passed eleven hours after showed a diminution in the quantity of blood; twenty-four hours after first dose of medicine, pulse perceptibly stronger, 124. She continued to improve so rapidly, that on the fifth day after the

operation all her symptoms indicated a speedy return to health, and eight days after the extraction she was so well as to need no further attendance.

The above facts impress me with the paramount importance of trusting to the administration of a single remedy, which is the true simillimum to every case, independently of external applications, which in this instance promised so much and proved so entirely useless.

Waterloo, Liverpool, March 1881.

## CLINICAL OBSERVATIONS ON *CYCLAMEN EUROPEUM*.\*

BY THOMAS SHEARER, M.D., BALTIMORE, MD.

(Read before the Maryland Homœopathic Medical Society.)

THE *Cyclamen Europæum*, or sow-bread, is a native of the South of Europe and Tartary, and is cultivated in gardens. The leaves are radical, angular, somewhat heart-shaped three inches long, of a deep-green colour above, and a reddish-purple underneath; flowers drooping, purplish, sweet-scented. After the flowers have fallen off the flower-stalks curl spirally, inclosing the germ in the centre, and lowering it to the earth, repose on the surface of the soil till the seeds are ready to escape. The root, which is gathered in the fall, contains the active principle and yields a brownish tincture. This drug, says Hempel, from whose work on *Materia Medica* the above description has been derived, is a violent drastic irritant. Bulliard, in his history of the poisonous herbs of France, states that the fresh root, in a dose of two drachms, in a decoction of half a glass of water, caused violent vomiting and purging in a robust man. In the northern parts of France, where this plant is abundant, it is employed frequently as a purge, but is often followed by violent vomiting, sometimes of blood, with cold sweats, singing in the ears, swimming of the head, and convulsive movements. The original proving is in the *Materia Medica Pura*. "The only constant and remarkable actions of *cyclamen*," says Hughes, "are upon the head and eyes and upon the female sexual organs, in this respect very closely resembling *pulsatilla*." But in his *Characteristic Materia*

\* Reprinted from the *Hahnemannian Monthly*.

*Medica* he classes *cyclamen* among the cerebro-spinal irritants. Through it the female sexual organs and gastro-intestinal canal are especially affected. On the head it produces sudden stupefaction, severe vertigo, dull pressing headache, obstruction of sight, and dilatation of the pupils. On the generative organs of women it causes profuse menstruation, blood black and lumpy, and attended with severe labour-like pains.

Guernsey gives as characteristics: Menorrhagia, with stupefaction of the whole head and obscuration of sight, as if a fog were before the eyes. Scanty, painful or suppressed menstruation, with headache, vertigo, swollen eyelids, pale face, lips, and gums, loss of appetite, no thirst, and palpitation of the heart. Suppression of the menses, with melancholy, dizziness and headache, desire to be alone; weeping does her good; swelling of her eyelids, lips pale, violent action of the heart, loss of appetite and constipation. It is impossible to read these symptoms without being struck with the close resemblance of this remedy to *pulsatilla*, of which it is a congener. Dr. Eidherr, in the *North American Journal of Homoeopathy*, vol. x, p. 113, in an article on the therapeutic properties of *cyclamen*, says that he found it very efficacious with blonde, leucophlegmatic subjects, in whom, besides retarded, suppressed, or scanty menstruation, or complete chlorosis, there were disinclination for any kind of labour, fatigue from slight causes, continued sleepiness, and chilliness all over the body, which no amount of covering would relieve, but with this chilliness a constant desire for fresh air.

I have thought it well, even at the risk of being tedious, to point out the close resemblance of these twin remedies, and to remark that in many cases of chlorosis, characterised by symptoms similar to those we have just enumerated, and where *pulsatilla* is strongly indicated, but fails to relieve, as it has often done in my hands, although given in both high and low dilutions, we will find the *cyclamen* a most reliable remedy. I have always obtained good results from the 30th. Before dismissing this subject of comparison I would add that although prescribing *pulsatilla* every day for the various conditions and disturbances for which it is recommended, I am compelled to acknowledge that no remedy has given me less satisfaction, and I shall be happy to hear the opinions and

experiences of others in regard to it. In vertigo arising from gastric disturbance in thin, pale, anæmic subjects, with constipation, with or without menstrual irregularity, *cyclamen* claims the very front rank, and may be depended upon.

In catarrhal headaches I have found it exceedingly efficacious, making a decided change also in the character of the secretion. Several cases, indeed, have been entirely cured by it, when given persistently in the 30th dilution. But in these cases I consider the presence of vertigo as an important indication for the remedy, and never prescribe it if that symptom is absent. A glance at the proving of *cyclamen* will show at once its power to irritate the cerebrum. In Allen's *Materia Medica* we find under Head,—confusion and vertigo, confusion of the head and obscuration of vision, great confusion of the head in the evening with vertigo. Vertigo as if she were going down a mountain; vertigo: if on standing still he lean against anything, it seems as if the brain were moving in the head, or as though he were riding in a wagon with his eyes closed, etc. We might go on giving page after page to show its power to produce vertigo, but the above must suffice.

The following case is interesting as demonstrating the curative action of *cyclamen*.

Mr. H., aged twenty-eight, 5 feet 10 inches high, with fair skin and auburn hair, and weighing 158 pounds, came to my office, January 8th, 1880, to consult me in reference to his eyes. He complained of not being able to see at night, although his sight was perfect during the day. As soon as it began to grow dark his power of vision diminished with the light, compelling him to hurry home, and on more than one occasion, when unavoidably detained, he experienced great difficulty in finding his way. Hemeralopia or night-blindness is characterised by a state of vision in which the patient sees well during the early part of the day, or when objects are brightly illuminated, but imperfectly towards night. Dr. Angell remarks that it is a purely functional disease of the retina, in which no changes are observable with the ophthalmoscope. The distinguishing characteristic of the disease is a torpor of the retina, so that a bright light is required in order to stimulate it sufficiently to receive distinct impressions of objects; hence by night the patient's sight is unusually

bad. In high grades of the affection, the patient is unable to distinguish even large objects towards the close of the day. The time of the day has no significance, as the name of the affection would indicate; for by a bright artificial light he sees as well by night as if no affection of the eye were present. Hemeralopia is not always equally developed in both eyes, the patient being able sometimes to discern objects with one eye and not with the other. The chief predisposing cause of this affection is an impoverished state of the blood, in consequence of which the nerve elements of the retina are insufficiently nourished. The exciting cause is prolonged exposure to intense and unaccustomed light. Both of these conditions are present with our soldiers and sailors in warm latitudes.

We also find that the greatest number of hemeralopes are individuals whose constitutions have become impaired by severe illness, or whose general constitution has become debilitated. It is often met with in conjunction with malarial fevers, and the ill-fed and badly-housed peasants in the South of Europe and Central America are subject to it. Sailors affected with scurvy are often subjects of it. The treatment consists in rest, protection of the eyes from bright light, and such constitutional remedies as are necessary for the restoration of the general health. My patient was subjected to a most rigid examination in order to discover some cause for his troublesome affection. He had not been exposed to bright light, as it first showed itself in December; his general health was perfect,—never felt better in his life, to use his own language. Several remedies were prescribed for him without benefit. *Belladonna* 6, *gelsem.* 30, each prescription lasting two weeks, as the patient lived some distance in the country and could not make it convenient to come oftener. On the fourth visit he reported himself no better, but if anything worse, for, in addition to being as blind as a bat at night, he now complained of distressing vertigo, which came on as soon as it became dark.

I determined at once to prescribe *cyclamen*, feeling sure that it would remove the giddiness, should it do nothing more. I gave a two-drachm vial of No. 30 pellets, saturated with the 30th of the remedy,—six pellets to be taken three times a day,—to report in two weeks. On his next visit he reported the vertigo relieved after six doses of the medicine; and although there was no marked improve-

ment in the night-blindness, if there was any change it was for the better. In the meantime a chronic catarrhal discharge, which he had had in a mild form, became very much aggravated, and a copious discharge of thick yellow mucous flowed from his nose; but, as I had relieved similar cases with *cyclamen*, I did not think it necessary to change; moreover, I rather suspected that he was suffering from *cyclamen* catarrh, instead of the bad cold of which he complained. The medicine was requested to be taken twice daily until finished. In about four weeks he reported great improvement in his sight. Another prescription, to be taken once daily, was all that was required, for on his next visit he assured me he could see quite as well at night as he ever could. I have seen him several times since, and he continues to have the full use of his eyes on all occasions.

The case is an anomalous one, from the entire absence of any known predisposing or exciting cause, and its entire relief by *cyclamen*, a remedy I have never seen recommended for that purpose.

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## REVIEWS.

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*The Feeding and Management of Children, and the Home Treatment of their Diseases.* By T. C. DUNCAN, M.D. Chicago: Duncan Brothers. 1880.

THIS work does great credit to its publishers. It is well got up, clearly printed, on good paper, with numerous illustrations, which are certainly attractive and entertaining, possibly useful, if not of very high artistic merit. The preface tells us "it is a collection of facts relating to the study, feeding, and management of children, woven together by the author as replies to many questions that occur to mothers in the case of their little ones."

Unfortunately the weaving process is not very successful. The sturdy and trenchant Americano-English of the warp does not unite well with a woof, which is decidedly of British origin. For Dr. Ruddock's book on children furnishes not only a motto for the title page, but also a large proportion of the second part, which is devoted to the treatment of disease. We need say no more on this subject, but it is abundantly evident there is no copyright law in America, and every publisher does that which is right in his own eyes.

There is much entertaining and useful information in the first part, as in the chapters describing the points of a thorough-bred

baby and those of a good nurse. The author divides all baby-kind into two classes, the acid and the alkaline. This is simple enough, but embarrassing to the ordinary intelligence of the "noble mothers" for whom the work is written. A large stomach is the cause and the sign of acidity, a large liver on the other hand causes alkalinity. Further, "alkalinity is necessary to health, while acidity means death."

The question of the proper food for American children is treated at great length; but the dietary would, we fear, hardly agree with infantile stomachs on this side the Atlantic.

The author's style is generally obscure and involved, but his directions are often short, clear, and decisive. "Feed the child some.—It gags,—they all do,—stuff it down." Again, words of wisdom drop from his lips, which do equal honour to his head and heart. "Do not wash a thin child, it dissolves out the fat." "To some a whisky-sling is a sovereign remedy," though he regards it as pernicious; we must, however, take exception to his opinion that "a small thin child will cry very much till it becomes fleshy."

On the whole we see no reason greatly to regret that this work is "sold only by subscription."

Books on domestic medicine are the cause of much maltreatment and mismanagement. Who is responsible for the hard and fast rule, copied again and again into manuals of infant treatment, that cow's milk should be diluted with an equal bulk of water. There are numerous other such rules which indirectly produce a vast amount of suffering. The ideal "Mother's Vade Mecum" is yet to be written. It should be printed and published and illustrated as this is—but in the author's department we would suggest a few improvements. It should be a handy dictionary of disease and treatment, to be easily and quickly consulted on an emergency. It should be portable, and therefore contain the smallest possible amount of padding. In the clearest and briefest terms, it should describe the disease, and give positive instructions for treatment. Its directions for diet and management should admit of no possibility of misconception, no loophole for error. The malignant perversity with which nurses and mothers misread and misunderstand the plainest directions is wonderful. Lastly, the writer of the model book should exclude with jealous care all airing of pet theories, and exercising of hobby horses therein. Who will write us such a book?

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*Is Consumption Contagious? and can it be Transmitted by Means of Food?* By HERBERT C. CLAPP, A.M., M.D. Boston: Clapp & Son. 1881.

THAT the question which forms the title of this work is an important one, will be admitted by every physician. It is a ques-

tion that has often been asked and often answered both negatively and affirmatively. Dr. Clapp commences his essay with a brief but exhaustive history of the matter, he shows that up to one hundred years ago, medical opinion was almost unanimous in giving an affirmative reply to the question, but that soon after that date, there came a reaction, the pendulum took a swing to the other extreme, and the idea of the contagiousness of phthisis was nearly abandoned. Within the last few years, however, there has been a revival of the belief, and Dr. Clapp avows himself an earnest supporter of the theory. In considering his collection of facts and cases, and his comments upon them, it must therefore always be borne in mind that they come from a strong believer, though it will be admitted that there is no undue use of the facts which support his view of the matter, to be found in the book. Dr. Clapp arranges his evidence somewhat in this fashion—he brings first cases, mostly derived from French sources, of contagion amongst cattle, showing that a consumptive cow may so contaminate a stall, that successive healthy occupants fall victims to the same disease. Next he relates typical cases of the communicability of consumption in the human being, and startling enough some of the cases are—so startling, that it must be rare indeed for a physician to be able to chronicle that a phthisical man married successively four wives who all died of phthisis, he afterwards succumbing in his turn. Dr. Clapp is evidently quite awake to all the objections that may be raised to this class of evidence, for he meets them in advance, arguing forcibly that neither heredity, bad hygienic surroundings, etc., will explain away his illustrative cases. He then passes on to consider how the contagium is conveyed, and discusses it under the three heads of, by food, by inoculation, and by inhalation. Under the first head he cites experiments made of feeding healthy animals with tubercular products, with the result of setting up in them tubercular disease, and he deduces the inference that milk and flesh from a tubercular animal may set up tubercular disease in the human being using them for food, but he gives this comfort, thorough cooking has always been found to completely destroy the poison. The inoculability of tubercle is next considered, and the experiments and their results given—as is well known, these results vary, one set of experimenters found that by inoculating true tubercle, they produced tubercular deposits in the animals experimented upon. Another set failed to obtain such results, whilst a third set succeeded in producing deposits at any rate allied to tubercle by inoculating indifferently with some foreign matter, such as cuttle fish powder, sand, etc. Some very interesting experiments are given of animals caused to inhale vapourised tubercle, with the almost unfailing result of causing them to become tuberculous; the evidence under this

head is certainly the most convincing as to the mode in which phthisis is communicated, if it be contagious at all. There is one curious and suggestive fact in all the experiments, which is, that whilst the vegetarian animals nearly without exception contracted the disease, the carnivora for the great part escaped. Probably the decision of the reader on the question will be materially influenced by his personal experience—the question of heredity—the great prevalence of the disease (itself only a form of the almost universal scrofula) the length of incubation claimed for the contagium—the negative evidence of persons nursing consumptives and not contracting the disease—all open doors of doubt and leave room for difference of opinion; but anyone interested in the matter and who wishes to hear the evidence on both sides of the question, cannot do better than read this masterly essay of Dr. Clapp.

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*Inflammation, chiefly of the Middle Ear, and other Diseases of the Ear. Being a Course of Lectures delivered to the Students attending the Class of the London School of Homœopathy during the Winter Session of 1877-8. Second Edition, with Additional Cases. By ROBERT T. COOPER, A.B., M.D., Trin. Col., Dublin: Physician (Diseases of the Ear) London Homœopathic Hospital. London: Homœopathic Publishing Company. 1880.*

So recently as in our number for March, 1879, we gave a somewhat full account of this useful endeavour to point out the homœopathic treatment of diseases of the ear. We are glad to find that it has reached a second edition. The principles enunciated by Dr. Cooper, are well illustrated by cases both from private and hospital practice. Tempting as surgical measures always are in diseases of the ear, Dr. Cooper assures us that every day's experience serves to convince him "more and more that we must look to homœopathy if we wish to obtain anything like success in the affections that give rise to chronic deafness and other ear symptoms." This we should all *a priori* expect at the same time it is gratifying to see a surgeon laying aside the more facile, more popularly striking use of measures always more or less defective, and very generally of a temporary value, for the far more difficult, but at the same time more permanently satisfactory plan of finding out and prescribing a medicine capable in the healthy of producing a similar state of health.

## MEETINGS OF SOCIETIES.

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### FOURTH ANNUAL GENERAL MEETING OF THE GOVERNORS AND SUBSCRIBERS OF THE LONDON SCHOOL OF HOMŒOPATHY.

THE annual meeting of the Governors and Subscribers of the London School of Homœopathy, was held on Tuesday, April 12th, 1881, in the lecture room of the London Homœopathic Hospital. Rt. Hon. Lord EBURY, being unable to preside owing to ill-health, sent a telegram expressing his regret, the Chair was therefore taken by Major VAUGHAN MORGAN.

Present: Drs. YELDHAM, BAYES, BROWN, POPE, HUGHES, LUCKEY, MATHESON, BAYNES, JAGIELSKI. Messrs. WILLIAMS, F. ROSHER, GURNEY, CHAMBRE, BOODLE, PITE, Mrs. DREW, and Miss CARMAN. The notice convening the meeting was read by the Secretary, Mr. F. MAYCOCK, the balance sheet was submitted. The Report was read by the Hon. Sec., Dr. BAYES.

The report opened by describing the year as having been one of quiet and steady progress in forming and consolidating the foundation upon which a useful and practical Medical School, where the science and practice of Homœopathy would continue to be taught in connection with the London Homœopathic Hospital. The necessity of well-educated physicians instructed in homœopathy, increasing in proportion to the number of persons seeking homœopathic aid, and the consequent importance of increasing the size of the Hospital until it contained at least 100 to 150 beds, were insisted on, in order that full clinical instruction may be supplied. To this end an appeal to the public for £70,000 is advocated.

The financial statement is eminently satisfactory—the income of the School having increased and the expenses being diminished.

During the summer session of 1880, seven students were entered; during the winter session, eleven.

On *Materia Medica* and *Therapeutics*, Dr. Hughes delivered 47 lectures, and Dr. Pope 21, during 1880.

On the *Principles and Practice of Medicine*, Dr. Dyce-Brown delivered 70 lectures during the year.

Dr. Dyce-Brown, Dr. Galley Blackley, and Mr. Thorold Wood, have given clinical instruction in the wards; and Drs. Brown, Blackley, Cooper, and Tuckey, and Mr. Thorold Wood, have done so in the out-patient department,

Dr. Hughes' resignation of the office of Lecturer on *Materia Medica* is mentioned with much and deserved regret, and his offer to deliver a course of lectures during the summer session on the Institutes of Homœopathy and General Pharmacodynamics is gratefully acknowledged.

Dr. Pope's appointment to the office vacated by Dr. Hughes is announced, and its confirmation by the meeting requested.

The Institution of the Hahnemann Lectureship and the delivery of the first by Dr. Burnett are alluded to, and appointment of Dr. Hughes to give one in October is mentioned.

The Prizemen of last year, Dr. Cox and Dr. Shannon are named.

The report proposes the abolition of the salary attached to the Curatorship of the Library and Museum and the appointment of an Honorary Curator, and in doing so refers to the completion of both under the care and skilful attention of Dr. Galley Blackley, who it proposes to ask to take the honorary post.

After noticing the presentation by the school of copies of Dr. Hughes work on Pharmacodynamics to the President of the School and to various Universities and Colleges in the United States in which homœopathy is taught, to a correspondence into which the honorary secretary, at the suggestion of the committee, entered with the United States Colleges relative to the recognition of the School lectures as forming a part of the curriculum for their degrees and the various donations of the year, the report proceeds to consider the means which seem to the committee best adapted to continue the work of the School at the expiration of the five years for which subscriptions to it were guaranteed.

Its more close connection with the Hospital, is advised and it is proposed to ask the Board of Management of the Hospital to undertake the general business of the School—and that the funds of the School shall be vested in trustees, be kept separate from those of the Hospital, and be used for educational purposes only. The report of the sub-committee appointed to draw up a scheme for the future arrangements of the School is added.

In this report it is proposed that after the payment of the liabilities of the School, the property thereof should be applied to the payment of salaries to the clinical lecturer or lecturers, the rental of the lecture room, and the general expenses of management. Subscriptions are to be requested from the present governors of the School, and the members of the profession generally. That the Board of Management of the Hospital be requested to undertake the management of the funds of

the school, and that trustees of these funds be associated with the Board in this matter. That the medical governors be constituted as at present, and retain their position and privileges on the same condition as heretofore. That the medical governors be the electing body of lecturers and officers, and always be consulted on the institution of new lectureships, and all matters relating to the educational arrangements of the School. That the systematic lectures on Practical Medicine be extinguished, and for them clinical lectureships be substituted. It is proposed that the lectures on *Materia Medica* by Dr. Pope be continued, any salary to be contingent on the increase of the School after other payments have been met.

The report concludes by advising that a general meeting be called for the 15th of October, to decide exactly on the form in which these reforms in the School shall be carried out.

On the motion by Mr. WILLIAMS, seconded by Mr. GURNEY "That the Report be adopted, printed, and circulated in the usual way," Dr. YELDHAM proposed as an amendment that the word "receive" be substituted for "adopted." After some discussion the amendment not being seconded, the original motion was carried.

The following motions were carried unanimously :—

Proposed by Dr. POPE, and seconded by Dr. MATHESON—

"That the sanction of the meeting be given to the delivery of a course of lectures at the School of Homœopathy during the summer session by Dr. Richard Hughes at a salary of £35."

Proposed by Dr. HUGHES, seconded by Mr. ROSHER—

"That an appointment of Dr. Pope as lecturer on *Materia Medica* and Therapeutics at a salary of £70, be confirmed."

Proposed by Dr. MATHESON, and seconded by Dr. TUCKEY—

"That Dr. Blackley be requested to act as honorary curator and librarian during the ensuing year."

Proposed by Mr. WILLIAMS, and seconded by Mr. PITE—

"That the officers, staff, committee and council be requested to continue in office until the 15th of December next."

"That the rent and the salaries of paid officers cease on the 15th of December next."

"That the School as at present constituted be wound up on the 15th December, and that a special meeting be called for that day for the purpose of reconstituting the School in accordance with the resolutions determined at the meeting of the Governors to be held on the 15th of October."

Proposed by Mr. CHAMBER, and seconded by Dr. JAGIELSKI—

"That the sub-committee appointed at the monthly meeting of the 14th March be re-appointed for the purpose of drawing up the new laws of the School on the basis framed in the report."

Proposed by Dr. BROWN, seconded by Dr. POPE—

“That the sanction of the meeting be obtained for the appointment of the Hahnemann Lecture to be delivered on 6th October by Dr. Richard Hughes, and that a sum of £5 5s. be set apart as the honorarium for its delivery.”

Proposed by Dr. MATHESON, seconded by Dr. BROWN—

“That Dr. Bayes and Dr. J. C. Burnett be appointed joint hon. secretaries for the ensuing year.”

Dr. BAYES stated that at the examinations in *Materia Medica* and Therapeutics and Practical Medicine, recently held for adjudicating the £10 prize, the two competitors, Dr. Moir and Dr. Thurlow, were returned as having presented papers of equal and very considerable merit.

The Honorary Secretary then read a resolution which Dr. Drysdale had forwarded, and requested that it be proposed in his name—

“That application be made to some one or more of the licensing bodies for recognition of a lectureship on *Materia Medica*, to be offered to Dr. Hughes; and if obtained, that a sum of £200 a year for five years be set apart from the funds of the School towards the cost of the same.”

As the resolution did not meet with a seconder, no discussion ensued.

The proceedings terminated with a vote of thanks to the Chairman.

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## NOTABILIA.

### MEDICAL CONSULTATIONS.

THE *Lancet* devotes three columns of leading articles to a discussion of the “wide-spread astonishment and unfeigned regret” with which, as it says, the medical world has received the new doctrine that a physician may, without dishonouring his profession, consult with a “reputed homœopath” with a view to saving life. Our contemporary is clearly of opinion that in such a matter the Jews ought to have no dealings with the Samaritans, though, perhaps, a Good Samaritan might think differently. We do not profess to be able to view the question from the professional standpoint, but the question may as well be stated, as it is likely to strike a layman, and in this discussion of it there is no need to refer to particular cases. We must start with the supposition that the doctor originally attending a given patient is a duly qualified medical practitioner, whether he be a “reputed homœopath” or not. The question is whether another doctor, called to consult with such a man, has any duty imposed on him to go behind or beyond that qualification. Now, if such a doctor favour the theories of Peter Noakes in one branch of the

profession, or thinks highly of the practice of Timothy Styles in another, there is no objection made to consultation with him. But if the man be reputed to follow the lines of one Hahnemann, an exception must, we are told, be made, even though in the particular case the treatment of the regular school and the homœopathic may have hardly two straws of difference between them. If the "etiquette of the profession"—ascertained by what recognised tribunal?—is to be empowered to impose exclusive tests at will, we may expect that alcoholic and non-alcoholic doctors will soon be expected to have a great gulf fixed between them; or that the consulting physician will furnish his would-be consultant with a paper of questions in medical orthodoxy requiring satisfactory answers. Meanwhile, how about the patient? But it is said that Hahnemann himself preached exclusiveness. What of that? George Fox wore a suit of leather, and was a sort of Diogenes; but your modern Quaker is a very reasonable being.—*Evening Standard, April 11th, 1881.*

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### THE MEDICAL PROFESSION AND LORD BEACONSFIELD.

It is astonishing how small-minded even the wisest and most successful professional men can sometimes be! The lay public have witnessed with mingled feelings of amazement, contempt, and disgust the paltry squabbles of Sir William Jenner, and Drs. Quain and Kidd over the treatment of Lord Beaconsfield. A valuable life is at stake. The life of an ex-Premier of England trembles in the balance, and, at the wish of the Queen of England, Dr. Kidd, the ordinary medical attendant of the illustrious patient, sends for Sir William Jenner. Sir William Jenner's reply is as follows:—"Holding as you and I do different views as to practical treatment, I do not think Lord Beaconsfield's case could in any way be served by our meeting in consultation, on the contrary it could not be without risk to him." While, however, the negotiations were in progress which led to this inhuman answer from Sir William Jenner, Dr. Quain had been communicated with, and, after being assured that the noble patient was receiving allopathic—not homœopathic—treatment, he consented, after some reluctance, to meet Dr. Kidd and join in the effort to save Lord Beaconsfield's life. But Sir William Jenner was not satisfied even now. If we have gathered the threads of the narrative correctly, Sir William actually proceeded to the length of remonstrating with the President of the College of Physicians as to the correctness of Dr. Quain's conduct in consulting with a reputed homœopath! For our part we can only hope that if medical men are going to make such idiots

of themselves and neglect the great duty of their profession, which is to "recognise only humanity in need of succour," the sooner we break down their monopoly the better. The public make the laws as regards the status and rights and privileges of medical practitioners, and if we are to be outraged in this monstrous fashion by the leaders of the profession we shall make short work with their privileges. The Quain-Kidd-Jenner episode is not calculated to raise the profession in our eyes. If Lord Beaconsfield had died during the delay caused by the fighting, his death would plainly rest at the door of these small-minded miserable men. They have excited universal disgust, and they have brought their profession into general contempt.—*Bath Argus*.

### MEDICAL ORTHODOXY AND MEDICAL BIGOTRY.

THE following leading article appeared in the *Liverpool Mercury* of the 21st ult., and is a good illustration of the feeling which has been excited in the public mind by the painful case to which it refers:—

"Now that Lord Beaconsfield has passed away, it may not be without its uses to take up a point which none but the most violent partisans would have thought it seemly to discuss in the spirit and tone of the medical press while the patient was as yet hovering between life and death. We refer to the wretched squabble raised over what science appears to have pretty clearly recognised as the sick bed of a dying man, by that section of the medical profession which delights in calling itself 'orthodox.' It must be admitted that the word has been well chosen, for it expresses with regard to the cure of bodies precisely the same amount of bigotry and intolerance which it used, unhappily, to imply in the cure of souls. It was well known that Lord Beaconsfield, like many other men of intellect, placed affiance in what is termed the homœopathic principle in medicine. It was equally well known that Dr. Kidd had long been his trusted medical attendant. In such a case there was something more than arrogance—there was insolence—in the indecent readiness with which the 'orthodox' medical journals assumed that homœopathy and quackery were synonymous terms, and proceeded gravely to discuss the question whether the Queen's physicians at the Queen's express command, ought or ought not to meet Dr. Kidd at the bedside of Lord Beaconsfield to take counsel together about the condition and treatment of the patient. Even worse was it to find men of the eminence of Sir William Jenner and Dr. Quain putting their fellow practitioner—the one man who must have known more about the case than any other—through a kind of catechism as to his medical beliefs, and apply-

ing their own narrow creed as a test of his fitness—not, be it observed, to minister to his patient, but to be associated with them in consultation. It seems to us that if any member of this medical triumvirate had a right to question the others it was Dr. Kidd himself, and we shall probably be doing no great harm to the public, who have to depend so much upon doctors, if we briefly state why we think so.

“In the first place, no educated member of the homœopathic school talks about there being two diametrically opposite systems—homœopathy and allopathy—the one all right and the other all wrong. On the contrary, the homœopathic body hold that homœopathy is not co-equal with medicine, but expresses only the belief in one important principle which will ultimately be incorporated in general medicine, after which the name will no longer be heard by the outside public—just as in physiology the doctrine of the circulation of blood was for a generation made the ground of party separation in the profession, and those who held it were nicknamed ‘circulators,’ which happened also to mean quacks. The proper definition of homœopathy is held by its medical adherents to be ‘medicine as it will be when the homœopathic principle has been duly investigated, and received its proper place in practice’—neither more nor less. On the other hand, the *Lancet*, and the organs of the dominant school generally, persist in describing homœopathy as something totally opposite to ‘scientific medicine,’ of which, indeed, they claim to possess the monopoly. How, then, it may be asked, can an allopath—for such he is to the public, whether he likes the name or not, just as much as a member of the rival school is a homœopath—meet a homœopath in consultation under any conditions whatever? He cannot certainly if the pretensions of the *Lancet*, as the mouthpiece of allopathy, are true in fact. That they are not true in fact is just what the other party assert and claim to be allowed to prove. But hitherto all opportunity for doing this has been denied to them. They have been excluded from all the hospitals and medical societies, from the privilege of writing in the medical journals, and even from the publication of books through the medium of the recognised medical publishers, who are warned that to issue a homœopathic work will shut them out from the advantages of reviews, and even from the right to advertise, in the allopathic organs. Were they not thus ostracised, the homœopaths say, they could easily show that allopathy, so far from constituting all medical science, using this term inclusively and exclusively, is largely made up of the results—valuable, no doubt—of pure experience, for which no scientific explanation is yet forthcoming. If so, here is a common ground on which both parties can meet and so far consult

together ; for although the homœopaths claim that their principle explains these facts, their theory puts no obstacle in the way of both schools using the same remedy in a particular disease—as, for instance, quinine in ague—just as practical navigators could agree in the use of the compass and the quadrant, no matter what theories of magnetism and astronomy they might severally hold. Further than this, the homœopathic body assert that by their principle they have discovered a large number of new specifics in disease which the allopaths have quietly taken from them into their own practice without acknowledgment of the source from which they came or explanation of their action. Here, again, there is ample ground on which practitioners of both schools can meet even as regards treatment, besides all the large question of diagnosis and the general management of the case.

“ We thus see how, in the case of Lord Beaconsfield, Dr. Quain could easily have met Dr. Kidd without any formal profession of belief in the homœopathic principle, and could have continued to act with him as long as Dr. Kidd was willing to restrict his treatment to what they both held in common. What ground, indeed, could he have had in refusing to meet a qualified medical man who did not insist on giving remedies contrary to his advice? The case, however, is different with Dr. Kidd, and we confess we cannot readily understand the position he has taken up. Homœopathy, we are told, is not exclusive, except in the sense that any remedy chosen by it ought, if better, to supersede others ; and it must necessarily occur sooner or later in the conduct of any case at all complicated, that a homœopath, guided by principle, will choose a medicine as the best on grounds which his allopathic colleague in attendance, although they may agree in a general way, cannot acknowledge as valid. Moreover, in a case like that before us, palliatives, such as narcotics and anti-spasmodics, which the homœopathic school hold to interfere with the ultimate cure, and therefore use sparingly, were likely to be more freely resorted to than if an open believer in the homœopathic theory had the sole discretion. For these reasons we should think the homœopathic body will hardly be satisfied that Lord Beaconsfield received the entire benefit which their system more fully carried out would have afforded, and will therefore not approve of the conduct of Dr. Kidd. At the same time the circumstances were extremely difficult, and homœopaths will find it hard to say that things would not have been worse if he had retired. In their view, probably, it would have been better—supposing the patient to have had confidence in Dr. Kidd, and Dr. Kidd confidence in himself—if Dr. Quain, being called in at the request of the highest personage in the land, had restricted himself to advice on questions of general management, while to Dr. Kidd was left the ultimate decision as to the choice of the more truly specific

medicines. At the same time there can be no doubt that such a proposition would have been scouted by the journals who, notwithstanding the complete submission of the homœopath, are still found condemning Dr. Quain for his 'unprofessional conduct.' "

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### ACONITE.

In the *United States Medical Investigator* for June, Dr. Baxter, of Cleveland, reports the following interesting case of poisoning by *aconite* :—

" A family, previously allopathic in belief and practice, concluded that homœopathy was the better system, and formally made the change. They procured a work on homœopathic practice calculated for family use, and purchased the medicines therein named, but most of them in the form of tinctures instead of attenuations. Soon after one of the children, a little girl about ten years of age, obtained the *aconite* bottle, and swallowed some of its contents. The accident was discovered at once, but no attention was paid to it, under the impression that all homœopathic medicines were perfectly harmless. Very soon, however, the child began to show symptoms of sickness, which rapidly increased, when the parents became alarmed, and I was called in haste to see her. This was about 6 p.m. I found her sitting in a large arm-chair, with a most anxious expression of countenance, face flushed, skin hot and dry, pulse 140 beats per minute. She complained of heat and soreness of the throat, and heat and considerable pain in the stomach. There was also what seemed to be an almost constant spasmodic action of the diaphragm and stomach which was very distressing. It was a most peculiar symptom—hiccough and apparently an attempt to vomit at the same time. On being asked, she said she felt only a slight nausea. I could not learn how much of the poison had been swallowed, and the condition of the patient was such as to give rise to grave fears as to the result. At my request they brought me what I was assured was pure cider vinegar. I gave the patient about half a teaspoonful, undiluted. In about ten minutes I gave ten drops, and after about twenty minutes I noticed the frequency of the pulse had perceptibly diminished. To be brief, in about one hour from the time of the first dose the child was nearly or quite out of danger, the pulse had diminished in frequency to about 100 beats per minute, the peculiar spasmodic action of the stomach had almost entirely ceased, and the patient said she felt much better. I saw her again, three hours later, and found her with pulse at about 100, skin moist, face flushed, and some thirst ; otherwise feeling pretty comfortable. She was somewhat restless and feverish through the night, but in the morning declared she was as well as ever, except a little weak."

### THE *LANCET* ON DRs. KIDD AND QUAIN.

THE *Lancet* of the 9th ult. shows that the mind of the editor has been what a certain class of people term "exercised" by the professional hob-nobbing of Dr. Quain with Dr. Kidd at the death-bed of Lord Beaconsfield. "The position," writes the editor, "taken up by Dr. Quain in this matter is at once inexplicable and embarrassing." It is said to be so, on the assumption that Dr. Kidd is a homœopathist, and Dr. Quain an allopathist, on the hypothesis that Dr. Kidd never prescribes any medicines under any circumstances which have not a homœopathic relation to the disease he undertakes to treat, that Dr. Quain never by any chance gives any that is not allopathic, and that the prescription of drugs is the chief end of a consultation at all times and in all cases. Now Dr. Kidd's book (*The Laws of Therapeutics*) shows with much plainness that his knowledge of practical homœopathy is far from complete, and that in very many cases he relies for his drug therapeutics upon allopathic expedients and antipathic palliatives. So far as homœopathy is concerned, we see no reason why Dr. Quain should not be called upon to refuse to meet Dr. Sidney Ringer if he is to decline a consultation with Dr. Kidd. In Dr. Ringer's *Handbook of Therapeutics* there is at least as much homœopathy taught as there is in Dr. Kidd's work. The sole difference between the two being that Dr. Kidd acknowledges that a certain class of medicines do hold a homœopathic relation to the diseases in which he prescribes them, while Dr. Ringer's homœopathic recommendations are given as purely empirical, as though they were the outcome of the scientific uses of his own imagination, and not at all, as is really the case, as applications of remedies which have been discovered through the practice of homœopathy many, many years ago!

Thirty or forty years since the common practice of medicine was purely allopathic, or nearly so. It is far otherwise to-day. Dr. Sidney Ringer's teachings, the essayists in *The Practitioner*, and many a lecture that has appeared in the *Lancet*, the *Medical Times and Gazette*, and the *British Medical Journal* have done much, very much, towards modifying the drug therapeutics of the hour in the direction of homœopathy. A few years ago a homœopathic practitioner took a patient to see a well-known London specialist. When asked what medicine he was giving, and replying *arsenic*, which was clearly indicated as the homœopathic remedy, the answer was, "You are quite right, only don't give it in full doses!" The fact is that there is now so much rough, empirical homœopathy practised by medical men who professedly repudiate homœopathy, that the obstacles to consultation arising from a broad divergency of views as to the uses

of drugs, which formerly were well marked enough, are rapidly diminishing in number.

For a person who, in the words of the *Lancet*, "is willing to practise either of these systems (homœopathy or allopathy) at the bidding of the sick person who seeks his services," we have nothing but contempt. So to do is to convert a profession into a trade. But we can quite well understand a physician believing that if he could find a remedy homœopathic to a given condition, it would be the best his patient could have, and yet, lacking the requisite knowledge to find such an one, falling back on some allopathic expedient in all honesty and good faith. He does, not the best that could be done, but, the best that *he* can do for his patient.

The solemn "bunkum," which the *Lancet* intermingles with its lamentation over "rules of etiquette," "ruthlessly transgressed," is really comical! "It has hitherto," says this medical dictator—"It has hitherto been the boast of the medical profession that in the hour of sickness it recognised only humanity in need of succour." Verily a boast! A vain and empty piece of cant in far too many instances! "I would not," said a provincial surgeon to the late Sir William Fergusson:—"I would not pass a catheter to relieve retention of urine in the person of a patient of a homœopath." "That," replied Sir William, "says a good deal for your orthodoxy, but very little for your humanity." So has it been in hundreds of instances. However great the emergency, however essential to life the assistance sought, the orders of the purest trades union of the day—the British Medical Association—are that no homœopathic practitioner shall have any aid whatever, whether for the purpose of relieving anxiety by confirming or correcting diagnosis or prognosis, or for that of suggesting some indirect remedial measure. We know full well—and willingly admit—that such cruel and arbitrary rules are not uniformly acted upon, that by surgeons of good repute they are unrecognised; but such is the teaching of men who now declare that "in the hour of sickness" the medical profession "recognised only humanity in need of succour!" The *Cuckoo*, a recent addition to the weekly journals, remarking upon this subject, said on the 8th ult. :—

"We regret very much that rumours should be current of the disinclination of distinguished men of medicine to meet Drs. Kidd and Quain in consultation over their distinguished patient. For if it be true that the leading physicians of the day refused to meet the gentleman already in attendance upon Lord Beaconsfield, because he is, or is reported to be, of homœopathic tendencies, we can assure them that they have added another reproach to the profession.

“The etiquette which doctors are in the habit of affecting in matters of consultation are, even in cases of private interest, intolerable; but in such a case as this, where the interests of the nation are so directly concerned, the contemptible jealousies of the profession assume the proportions of criminal imbecility.”

And we will venture to say that 999 out of every 1,000 thoughtful persons will agree with our contemporary.

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## IMAGINARY NOTIONS REGARDING HOMŒOPATHY.

STUDIED misrepresentation of plain and simple facts regarding homœopathy, and of all who acknowledge that they practise homœopathically, has ever been the policy of the non-homœopathic medical press. Of this we have another illustration in the *Lancet* of the 16th ult.

Professing to reply to the question, “Why may we not meet professed homœopaths in consultation?” the writer says, “We decline to have professional intercourse with professed or reputed homœopaths, for one or both of two reasons—either because they are believers in a method of therapeutics at once fantastical and absurd, or because they are not believers; in other words, either because they are true disciples of Hahnemann, or because they are not. In the one instance the objection is scientific, in the other it is ethical.” Homœopathy he goes on to observe, is “Hahnemannism or nothing.” Taking his information from the now happily defunct Anglo-American periodical, called *The Organon*, he proceeds to define what he considers homœopathy. Disregarding the definition of homœopathy which would be given by at least 97 per cent. of those who in this country acknowledge their therapeutic indebtedness to Hahnemann, the editor defines homœopathy in a manner which would be repudiated by all but some half-dozen men amongst us. That we are strictly accurate in our statement, we may refer to an attempt made some few years ago to get up a list of men prepared to swear *in verbis magistri*, under the attractive title of *The Legion of Honour*. We believe that we are over rather than understating the result, when we say, that in England only six or seven names were obtained. In the *British Journal of Homœopathy*, in the *Homœopathic World*, and in this *Review*, homœopathy has been repeatedly defined during very many years, but never in the terms used by the editor of the *Lancet*. It suits the purpose of the writer to adopt the language of an insignificant minority, and he employs it. It would be mere affectation on our part to suppose that the writer did not know that his description of homœopathy was unjust and

inaccurate ; that he did not know that in making it he misrepresented the truth about homœopathy. Nearly twenty years ago the following passage appeared in this *Review*, and inasmuch as we believe that it expresses with sufficient accuracy the views of 97 per cent. of those who in this country acknowledge that homœopathy is the basis of scientific drug selection, and further, as the view given is that which has ever been set forth in our journal, we will repeat it :—

“ True homœopathy consists simply and solely in the prescribing for disease such remedies as are competent to produce similar disease in a healthy person. This alone is homœopathy. To carry out homœopathy it is obviously necessary that drugs be proved. It is further necessary that the amount of drug given to cure be less than that given to produce disease. These are the corollaries of homœopathy. They are inseparable from it ; no one can satisfactorily practise homœopathy without seeing their necessity, or availing himself of them. The psora theory may be true or false ; the dynamisation theory may be true or false ; the globule may be the best or worst medium for prescribing medicines ; the thirtieth dilution may be the best or worst dose in all cases, and homœopathy remain unaffected.”

The *Lancet* describes Hahnemann's dynamisation theory as a “ law,” as, indeed, one of the two “ laws ” in which it says homœopathy consists ! The dynamisation theory—the idea, that is, that by long-continued friction or shaking the medicinal power of a substance is developed or increased—was simply an attempt on Hahnemann's part to explain a fact which, indeed, is even now inexplicable, but none the less a fact, that very infinitesimal particles of matter do influence the functions of the body *under certain conditions*. It is a theory, the truth of which has been inferred rather than demonstrated ; a theory which, however interesting, is of no practical importance whatever.

The physician, therefore, who prescribes in disease a medicine which in a healthy person will produce a similar disturbance of health, is practising homœopathy. If, in the endeavour to find a drug remedy for his patient, he is guided in his choice by the law of similars, he is to all intents and purposes a homœopathist. If, at the same time, he is thoroughly conscientious, he will admit that he is so, will confess the fact before the world ; he will be impelled to do so in proportion as he feels the value of this therapeutic principle, and he will be so impelled because of the misrepresentation from which this doctrine suffers at the hands of unscrupulous opponents.

The *Lancet* now tells us that such practitioners are *not* homœopathists ! That “ the retention of the name by such an one is misleading, if not actually unjustifiable, since it has no logical or scientific significance ! ” Some years ago, when

Dr. Wyld endeavoured to persuade non-homœopathic practitioners to display a little more common sense and ordinary courtesy in their professional intercourse with homœopaths, he was told by the *Lancet* that "nothing less than the unreserved renunciation of all the dogmas of homœopathy in name and in deed" could induce "legitimate practitioners" so to do.

Now the "dogmas" of homœopathy are, as we have shown, three in number:—(1st) That for a drug to exert a directly curative influence over disease it must be capable of producing in a healthy person a similar condition. (2nd) That in order to ascertain what influence a drug will have upon the body, it must be taken, be experimented with, by persons in health. And (3rd) that in disease it must be given in a dose smaller than that which is necessary to disturb health, and be uncombined with any other.

These so-called "dogmas" are, we maintain, acted upon every day by a large and ever-increasing body of physicians who in print affect to despise them. A large proportion of the indications for the uses of drugs given by Dr. Sidney Ringer and Dr. Charles Phillips in their works on *Materia Medica*, have been made known through the practical application of the principle of similars; and but for that practical application, never would have been known. This principle, the *Lancet* calmly assures its too confiding readers, has no "scientific significance!" That it has borne considerable practical fruit, he who runs may read!

2nd. The plan adopted by Dr. Sidney Ringer, Dr. Murrell, and others, of investigating the actions of drugs is precisely that first acted on, to any large extent, by Hahnemann.

3rd. In all instances, when Dr. Ringer advises the use of a remedy in a condition, the like of which it will produce in health, he also advises it to be given in very small doses, and uncombined with any other, unless it be something practically inert, apparently to save appearances.

Who, we would like to know, is the honest practitioner—he who, when prescribing a medicine homœopathic to a given condition, openly avows that he does so; or he who peers into homœopathic literature, picks thereout certain therapeutic hints, and publishes them as empirical observations, without any historical reference, any explanation? Such, however, is the morality of the medical profession, that the former is ostracised, while the latter is promoted to honour!

We do not say that homœopathy presents us with the *only* way of so prescribing drugs as to exert a curative influence, any more than we should assert that travelling by express train is the *only* means of getting from London to Edinburgh. We know full well that Modern Athens may be reached from Modern Babylon on foot, on horseback, on a bicycle, or by coach. So with disease,

antipathic palliatives may enable a man to pull through and shake off an illness. But just as the "Flying Scotchman" is the quickest, pleasantest, and safest mode of travelling, so is homœopathy the quickest, pleasantest and safest mode of curing disease by drugs.

Again, there are cases—few indeed in number—where cure is out of the question, where the existence of mechanical obstacles prevents more than temporary relief being given, where antipathic palliatives can alone be of service to a suffering person, where the opiate and the aperient may therefore have been given. These are, however, the exception, which but prove the rule, that for *curative*, as opposed to *palliative*, purposes, homœopathy stands unrivalled. "Some diseases are," as Hippocrates said, "best treated by similars, and some by contraries," but the latter are few in number, and such as cannot be *cured* at all.

Such endeavours to misrepresent homœopathy as that we have now commented upon, by one who must know, that what he is pleased to term "scientific medicine," has for a long while been growing more and more homœopathic in its drug treatment, is as cowardly as it is contemptible.

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### THE PRESENT STATE OF THERAPEUTICS.

THE gentleman who composes editorial articles of the *Lancet* endeavours, by assuming a tone of deep solemnity, to pass off as proverbial truths a great deal of transparent nonsense. "There is," writes this oracle, "a system of medicine—based on the knowledge of nature's order in health, the manifestations of disease, and the ascertained effects of remedies and methods of treatment—which is accepted and practised by the common consent of the profession." Again: "Hypotheses of cure by similars and cure by contraries have no place in scientific medicine."

These passages are obviously intended for the consumption of the uninitiated in the art and mystery of medicine. They might possibly have been accepted as absolute and unimpeachable truth some forty years ago. But a good many things have happened since then; a good many outspoken truths have been uttered by medical teachers during the last quarter of a century; a considerable amount of daylight has been shed upon the doings of the apothecary's shop! Says one professor of *Materia Medica*, "drugs are but stepping-stones to faith in the weary time." Writing within the last four years, the editor of the *British Medical Journal* described "the whole domain of therapeutics" as lying "in a state of chaos."

In an address at the opening of the Medical Session (1876-77) in Edinburgh, Dr. Matthews Duncan told the students gathered in that city to learn the art of healing, that the mass of advice given out by professional men is lamentably unscientific. "Regarding what remedy in common use," he asked, "can a physician give a reason sufficient for all, for the faith that is in him? He knows," he continued, "many *juvantia* and *lædientia* in different cases, with some degree of assurance, but tangible remedies are the favourites of the physician and of the vulgar. They are, for the most part, now as heretofore, mere matters of fashion. On the principle of doing his best the physician is bound to use them, but it is almost a humiliating proceeding at this time of day." Again he exclaims, "What a tissue of superstition is embodied in our dispensatories!"

Dr. Andrew Clark, when presiding over the Section of Medicine, at the meeting of the British Medical Association at Cork, took as one of three topics requiring discussion, the present state of therapeutics. In dealing with this important subject he spoke as follows:—"When, but a little while ago, Sir William Hamilton asked quite seriously if the practice of medicine had made a single step in advance since the time of Hippocrates; when we hear that the leaders of medicine, both here and abroad, are sceptical of the curative influence of drugs upon disease; and when we know that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines, we cannot doubt that this, the highest department of our art, and one of its chief ends, is in a backward and unsatisfactory condition, and demands, like the question of education, the serious consideration and action of the profession." And a little later, in the same address, he said that he knows that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines."

So lately as last October Dr. Donkin told the students at the Westminster Hospital that "any ostensibly complete system of therapeutics being even approximately scientific, and by consequence true," was impossible! Again, he said "there is no reason in nature, nor does science grant us right to claim that we should look for our diseases to be 'cured' at all!" And once more he observes, "Our treatment as yet must chiefly remain as all the best treatment has ever been—empirical."

We might go on through many pages giving extracts from the writings of physicians of eminence, all tending to show that "the system of medicine" described by the *Lancet* is a creation of an editorial optimist's fancy! It is like the account of the camel given by the German professor, drawn from his internal consciousness!

Hypotheses of cure by similars and by contraries, have, from the time of Hippocrates to the present hour, had a place in scientific medicine. Pereira, in his *Materia Medica*, gives them full and careful consideration. The development of the scope presented for the use of the law of similars as a principle of drug selection, for which we are indebted to Hahnemann, has given rise to a greater number of well proved facts of therapeutic value than any other. Dr. Quain, when obtaining absolution from the College of Physicians for assisting Dr. Kidd in endeavouring to save the life of Lord Beaconsfield, described homœopathy as a collection of "imaginary notions." We have had so much ignorance of what homœopathy is, circulated lately through the *Times* in a manner so conspicuous as to suggest that the author of them is a man of some prominence in the medical world, that we can easily attribute Dr. Quain's definition of homœopathy to want of knowledge. The term "imaginary notions" would indeed apply with much greater accuracy to the opinions often expressed by physicians as to the processes of disease. No therapeutic principle was ever based on a larger or more thoroughly ascertained series of facts than is that of *similia similibus curantur*. None has ever had its soundness, its reality sustained by a greater amount of unimpeachable evidence than it has. That homœopathy furnishes us with the most scientific basis for drug selection has been abundantly proven.

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#### MEDICAL OFFICER OF HEALTH FOR HASTINGS.

THE recent appointment of Mr. Knex Shaw, a member of the College of Surgeons and a Licentiate of the College of Physicians, who practises homœopathically as medical officer of health for the borough of Hastings, has given rise to no little stir amongst the allopathic practitioners of that charming health resort. There were eight or nine candidates, of whom Mr. Shaw was the youngest. Various reasons, political and retaliatory, are alleged as the grounds of the selection. With these we have no concern. The motives of town councils are often mysterious, and we have no desire to endeavour to fathom them. But the allopaths have, in a memorial to the council, assigned as their reason that "he is understood to practise a mode of treatment diametrically opposed to that pursued by the very large majority of practitioners in the town, and is thereby precluded (*sic*) by principle from rendering that co-operation which is so needful." The construction of the last part of this sentence is too much "mixed," as the Americans say, to be intelligible. But the allopaths have, doubtless unintentionally, given Mr. Shaw an excellent advertise-

ment, and as they have deliberately stated that he "practises a mode of treatment diametrically opposed to that pursued by the very large majority of the practitioners in the town," they have, unconsciously, given him as high a character as a probably successful healer, as he could desire!

The idea of a qualified medical man being refused a civic medical appointment because he treats disease differently to his professional neighbours is preposterous. The chances are that no two of them would treat a given form of disease in the same way! That faith in homœopathy, a faith carried out in daily practice, is no barrier to the holding of such an appointment, has been fully demonstrated by Mr. Ainley, of Halifax, who has held the same kind of office in Halifax for nearly ten years, and at the termination of each third year has been unanimously reappointed.

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## LONDON SCHOOL OF HOMŒOPATHY,

52, GREAT ORMOND STREET, RUSSELL SQUARE, W.C.

SUMMER SESSION, 1881.—Dr. D. Dyce Brown will resume his course of lectures on Principles and Practice of Medicine, commencing on Monday, 2nd May, at 5 p.m. The lectures will be continued every Monday and Friday. The following subjects will be treated of:—Diseases of the digestive organs, followed by the specific fevers and diseases of the liver, if there is time. Dr. Richard Hughes will commence his course of "Institutes of Homœopathy and General Pharmacodynamics" on Tuesday, May 3rd, at 4 o'clock; and will continue it on every Tuesday and Thursday at the same hour, till the end of July. He will begin by reading Hahnemann's *Organon* with critical and illustrative remarks; and the lecture of May 3rd will be introductory to the subject, giving a general account of the work in its several editions. Any time which will remain when the *Organon* is finished will be devoted to the subject of the general principles of drug-action. Clinical teaching in the hospital will be given—On Monday at 9 o'clock, and Thursday, at 3 p.m., by Dr. J. G. Blackley. On Tuesday and Friday, at 2 p.m., by Mr. Thorold Wood. On Wednesday and Saturday, at 3 p.m., by Dr. D. Dyce Brown. On Saturday, at 8 p.m., by Dr. R. T. Cooper (on Diseases of the Ear), and by Dr. C. L. Tuckey. For further information apply by letter or personally to Dr. Bayes, Hon. Sec., 21, Henrietta Street, Cavendish Square, between 11 and 1.30 on any day except Saturday or Sunday.

### SILICATED CARBON REGISTERED ASCENSION FILTERS.

THIS new and improved form of filters has been introduced to public notice by the Silicated Carbon Filter Company, already well-known for the excellence of the filters supplied by them. It has the great advantage over many others of being very easily cleansed. For the thoroughness of its purifying powers we have the authority of Professor Corfield, who, at a lecture delivered at the Parke's Museum of Hygiene the other day, spoke very highly of it.

### BRITISH HOMŒOPATHIC SOCIETY.

THE next ordinary meeting of this society will be held at the London Homœopathic Hospital on Thursday evening, the 5th instant, when a paper will be read by Dr. Black entitled, "*Some deductions from a study of Digitalis bearing on the revision of our Materia Medica.*"

### CORRESPONDENCE.

#### PHYSICIANS AND HOMŒOPATHS.—"EMPIRICISM IN EXCELSIS."

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen—In the *Globe* of Tuesday (March 19th) we read :—  
"It seems that for the asthmatic affection his lordship" (Lord Beaconsfield) "derived the greatest comfort from Himrod's powder, which was recommended to him by Sir Philip Rose. He last inhaled it at one o'clock this morning, and seemed to derive comfort from it."

May I ask the President of the Royal College of Physicians, "Who is Himrod?" "What is his powder?" Did Sir William Jenner, Drs. Quain, Kidd, and Bruce consult with Sir Philip Rose, who does not, I believe, hold any medical degree?

Finally, on what possible ground do the "regular" faculty accept the secret remedy of a quack, and sanction its administration, while they reject with scorn the well-known remedies of the British Homœopathic Pharmacopœia?

One thing alone appears certain in medical ethics, as sanctioned by the College of Physicians, that when all the remedies in its pharmacopœia fail to relieve a patient, the next resource of that learned body is to turn to secret, quack remedies, rather than to those afforded by Hahnemann and his followers. Is not this "empiricism in excelsis?"

Homœopathic remedies, we know, have been experimentally proved (tried) upon healthy individuals before they are administered to the sick. The effects they produce, physiologically, become a guide as to the tracts of the body on which the drugs, so given, act, and as to the diseases they are likely to cure. But all this knowledge of Hahnemann and his followers is not only thrown away on the College of Physicians, but we are told by Sir William Jenner and other learned pundits that such knowledge disqualifies those who have looked into it and believe in it from so much as touching the hems of the garments of "regular physicians.—Yours truly, WM. BAYES.

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### ARSENIC IN WALL PAPERS, &c.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—I am requested, by the Petition Committee of the British Homœopathic Society, to ask you to kindly insert in your next issue the following appeal to members.

At the monthly meeting of the Society in March, it was decided to present a petition to Parliament, praying for legislation to protect the public from the danger that exists in the wide-spread use of arsenic in the manufacture of wall papers and other articles of domestic use. At the same meeting a committee was appointed to take steps towards getting up the petition. At a meeting of this committee, held April 7th, it was resolved that the editors of the monthly homœopathic journals should be requested to insert an appeal to members of the Society to forward any evidence they may possess bearing on the subject.

I therefore beg to ask all members, who have or have had cases of sickness traceable to this cause under their care, to kindly forward to me the notes of such at their earliest convenience.

It is desired that the notes be as full as possible, the tests used for the discovery of the poison named, or the name of the analyst given, and all other evidence of its presence and action stated.

I am, Gentlemen,

Yours obediently,

JOHN H. CLARKE, M.D.,

Hon. Sec. to the Committee.

15, St. George's Terrace, Gloucester Road,  
South Kensington, S.W.

April 8th.

## NOTICES TO CORRESPONDENTS.

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\*\*\* *We cannot undertake to return rejected manuscripts.*

Contributors and Correspondents are requested to notice the alteration in the address of one of the Editors of this *Review*.

Communications, &c., have been received from Dr. BAYES, Major VAUGHAN MORGAN, CAPT. MAYCOCK (London); Dr. RAMSBOTHAM (Leeds); MESSRS. THOMPSON & CAPPER (Liverpool); Dr. SIMPSON (Waterloo); Mr. C. KNOX SHAW (St. Leonards); Dr. NEVILLE WOOD (London); Mr. S. H. BLAKE (Liverpool); Mr. PINSENT (Newton Abbot); Mr. POTTAGE (Edinburgh).

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## BOOKS RECEIVED.

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*A Treatise on Diseases of the Nervous System.* By James Ross, M.D. London: Churchill & Sons. 1881.

*Useful Hints from the Experience of a Lifetime.* London: Hamilton, Adams & Co.

*Sammlung wissenschaftlicher Abhandlungen aus dem Gebiete der Homöopathie.* Von Dr. Carl Heinigke. Leipsic.

*British Journal of Homœopathy.*

*Homœopathic World.*

*The Students' Journal.*

*The Chemist and Druggist.*

*The Monthly Magazine of Pharmacy.*

*Report of the Devon and Cornwall Homœopathic Dispensary.*

*Report of the Blackheath Dispensary.*

*The Hahnemannian Monthly.*

*The New England Medical Gazette.*

*American Observer.*

*New York Medical Times.*

*The Clinical Review.* St. Louis.

*The American Homœopath.* Chicago.

*The Medical Call.*

*Therapeutic Gazette.* Detroit.

*L'Art Médical.*

*Bulletin de la Soc. Méd. Hom. de France.*

*Bibliothèque Homœopathique.*

*Revue Homœopathique Belge.*

*Allgemeine Homöopathische Zeitung.*

*Homöopathische Rundschau.*

*Rivista Omiopatica.*

*El Criterio Medico.*

*Boletino Clinico.*

*La Reforma Medica.* Mexico.

*Liverpool, Hastings, Leeds, Bath, and other Newspapers.*

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### CONSULTATIONS.

THE often debated questions of the utility and propriety of homœopathic physicians meeting in consultation physicians who repudiate homœopathy as a basis of drug selection, have again been brought into prominence by the circumstances connected with the illness of the late Earl of BEACONSFIELD. Articles and letters have appeared in the medical journals of each week during the last month showing how widely allopathic practitioners differ from one another on this subject. We think that it is desirable that the points at issue should be clearly understood and thoroughly discussed, and therefore propose to devote a brief space to their consideration here.

The objects with which medical men meet in consultation are various; the kind of cases in which a second opinion is sought differ. In severely acute and dangerous illness, every aspect of the case comes under review, every means which the experience and scientific knowledge of each practitioner suggest as likely to check the progress of disease must be examined. So far as the basis of diagnosis, of prognosis, of diet, and of nursing go, a physician

who understands and values homœopathy will probably agree in opinion with one who, knowing nothing about it, utterly disregards it. But the administration of medicines constitutes a more or less important part of the treatment of all such cases, and here in all probability the homœopath and the non-homœopath will differ. The former will propose a small dose of a medicine, the proving of which shows that its action corresponds somewhat closely to that of the disease to be treated, and if possible cured. The latter will perhaps know nothing of the medicine in question, maybe he has never heard of it before! He will argue that the patient requires stimulating or depressing, that his case demands wine, iron, or quinine on the one hand, or morphia or bromide of potassium on the other. The former knows full well that such medicines can only operate as palliatives, while he is equally assured that that he proposes is specific. Here, then, is a vital difference of opinion. Up to a given point both are agreed, beyond this their views are irreconcilable. The good of the patient is the one thing desired by both. Each is convinced that this end is to be obtained most completely by measures diametrically opposed to each other.

It would seem at first sight that any consultation of this kind would be useless, and from one point of view it undoubtedly is so. Still we are far from saying that it is entirely without value, or that it should be resisted *ab initio*. We have represented an extreme case as an illustration, but even here advantages are obtained which we have no right to deny our patients or their friends should they desire to avail themselves of them. These advantages are, definite opinions expressed by two practitioners instead of one, as to the nature of the disease, the probable prospects of the patient, and the general management which is desirable. On each of these topics the

patient himself, or more especially his friends, will feel additional comfort and consolation from a double opinion. When the question of the medicine to be prescribed is placed before them, it will remain with them to decide as to which prescription should be followed. If that of the homœopathist, the allopathic physician will retire from all responsibility for the future management of the case. If, on the other hand, it is that of the allopath, the homœopathist should withdraw. No physician can take actual charge of a case in one portion of the treatment of which he feels no confidence. That is, we think, perfectly clear, and will be admitted by all; but it ought first of all to be ascertained that a difference does exist on any important point. This is a question which must be settled by individual enquiry at the bedside, and cannot properly be disposed of by an assumption of difference based upon general considerations. It cannot be thus dismissed, we hold, because, in an ever-increasing proportion of cases, differences between homœopathic and other physicians in drug selection do not exist to any material extent.

Such is especially the case with two classes of physicians—those who have little or no confidence in the assistance to be derived from drugs in the cure of disease, and those who, like Dr. SIDNEY RINGER, prescribe homœopathically as far as they know how to do so.

By the former the question, whether a *placebo* or a homœopathically indicated medicine is given, will not be regarded as of any importance. When he has carried his points on matters of food and nursing, he has exhausted his therapeutics, and may well leave the remainder to his homœopathic colleague. With the latter the chances are that there will be comparatively little difference. Should any arise, it ought to be disposed of simply by reference to the patient and his friends.

Even here, then, in an extreme case, one which presents the largest possible scope for difference of opinion, there is, from the purely medical point of view, no show of reason why a consultation should not take place between an allopathic and a homœopathic physician, when such is for some reason or other—and the reasons advanced for such consultations are numerous and sometimes important—desirable.

In another class of cases—and a very wide one it is—the administration of medicines does not come under consideration. The family physician, who is a homœopathist, has expressed an opinion of more or less gravity as to the nature of the illness from which his patient suffers. The patient and his friends have perfect confidence in homœopathy. They desire that homœopathic treatment shall be continued, however serious the malady may be ; but they naturally wish to have the condition re-examined by some physician who has made for himself a reputation in the study of similar cases. Here it is diagnosis and prognosis—questions of pure pathology, which have to be determined by the light of the fullest experience that is obtainable. On what possible grounds can a hospital physician refuse to co-operate with a professional brother in such an investigation ?

Again, in cases of a purely surgical character—cases of fracture, cases where operations are required, and where, whether for opinion merely or to carry out any operation that may be deemed necessary, no valid excuse can be offered by a hospital or consulting surgeon for refusing the aid, his more extensive experience has rendered valuable to the patient of a general practitioner, who is a homœopath. It has been suggested that the medicinal after-treatment of the non-homœopathic surgeon will differ so widely from that of a homœopath that co-operation is

rendered impossible. But how few pure surgeons there are who have the slightest regard for drugs as remedial agents? Indeed, we might ask whether there are any at all! The dressing of wounds, the diet and nursing which constitute the treatment of nearly all cases after operation, is, to say the least of it, in no way interfered with by the prescriptions of small doses of medicine homœopathically indicated by the general condition of a patient, while, on the other hand, those who have experience of cases so treated aver that they greatly facilitate recovery.

There is then, we conclude, no valid reason why a consultation should be *à priori* refused when the friends of a patient desire it. Its value to the invalid will, of course, differ according to the nature of the case and the object held in view. If this latter be purely medicinal, it will often be worthless; but, at the same time, this even might quite well be ascertained by personal discussion. While, if it is a question of diagnosis, of a suitable climate, or of the need or propriety of an operation, there can and ought to be no objection on the part of a hospital physician or surgeon to examine a patient with a homœopathic practitioner, and to discuss with him the points which must determine a right decision.

What, then, are the reasons put forth by the leaders of medical opinion why the non-homœopathic physician or surgeon should refuse to visit a patient with a homœopathist? Of these we have of late had no lack.

On the 30th of April, the *Lancet*, in an article apparently intended to re-assure the public that trades unionism had nothing whatever to do with the refusal on the part of allopathic practitioners to meet homœopaths, asserts that for the former to meet the latter is impossible, because the light in which homœopaths "view disease, and the principles on which they propose to meet it, are

wholly at variance with those which every step forward in the cognate sciences of pathology or therapy confirms and demonstrates. There is no common ground for the homœopath and the ordinary practitioner, and they cannot therefore consult; still less can they work together." Now, we have no hesitation in saying that the premises on which this conclusion is based are utterly erroneous. Between the pathology of the homœopath and that of the "ordinary practitioner" there is no difference, and can be none. The principles on which both sets of practitioners treat disease are, save in the matter of drug selection, identical; while "every step forward \* \* \* in therapy confirms and demonstrates" that in drug selection the homœopath is right! That he is so any careful reader of RINGER, PHILLIPS, BARTHOLOW, and HORATIO WOOD may, as we have pointed out over and over again, see for himself.

The *Lancet* concludes the third part of its appeal to the public by saying that "no two physicians can, or ought to pretend to consult together, unless they be agreed." If this is to become an axiom, all consultations will be impracticable; nay, more, they will be useless and unnecessary. Where shall we find two physicians who are agreed on the treatment of a single disease? How often do we not see in the correspondence column of this very *Lancet* letters from medical men, asking for hints as to the treatment of some common form of disease replied to by a number of medical brethren, each of whom recommends a totally different plan of treatment? It is not long since sick headache was the subject of such a correspondence, and the variety of remedies suggested formed a most striking satire upon the claims put forth by the *Lancet* for the scientific character of therapeutics. Consultations are held for the very purpose of discussion, with the object of

looking at a case from every point of view ; for examining various measures for its relief. In such a discussion, uniform agreement between two or more medical men, is improbable, if not impossible. While, out of such discussion something more or less approaching agreement is very likely to arise.

The *Lancet*, it will be seen, takes very broad ground indeed. The therapy of the schools is thoroughly scientific, and homœopathy is the negation of science ! Were the therapeutics of the schools so scientific as the *Lancet* would have us believe, there would be a great deal more uniformity amongst its representatives than there is. The estimate of its utility in clinical medicine would be much higher than that which has been formed of it by Dr. ANDREW CLARK, Dr. MATTHEWS DUNCAN, and many others whose scientific acquirements and extensive experience entitle their opinions to far greater weight than those of a mere newspaper writer, whose medical experience terminated when his editorial duties began ! Then, again, the assertion that homœopathy is the negation of science is worthless, coming as it does from a writer who has never gone into detail upon the question at issue without demonstrating his ignorance of it.

Dr. MILNER FOTHERGILL and Dr. DONKIN, two of the junior Fellows of the College of Physicians, have written letters on this question to the medical press, which read very much like bids for the support of the general practitioners in the country districts, one or two of whom have also addressed the journals in the ignorant, prejudiced, and violent manner characteristic of such persons.

Dr. FOTHERGILL, a somewhat copious writer on therapeutics, an author who is only less indebted for his original (!) observations to homœopathic physicians than is Dr. SIDNEY RINGER, occupies a column of the *British*

*Medical Journal* with a letter which is a piece of simple bluster. Not a single reason is alleged why an allopath should not meet a homœopath at the bedside of the sick, save that the rule not to do so is, in Dr. MILNER FOTHERGILL's opinion, "a just and proper one," and "while it exists it ought to be obeyed." Dr. FOTHERGILL then proceeds to rebuke the President of his College for advising Dr. QUAIN as he did, in a tone and style that in such an one is sheer impertinence. The only shadow of a reason Dr. FOTHERGILL alleges for an allopath refusing to meet a homœopath, is given in the following sentence:—

"If the general practitioner resists the temptation to add an acquaintance with homœopathy to his medical attainments, by which he could acquire a number of lucrative patients, surely he ought to have the support of the consultants! He ought to have some return for his self-denial on moral grounds."

The support of the consultants indeed! Why here is a "consultant" to all appearance bidding for the support of the general practitioner! An imperfectly educated man is, according to Dr. FOTHERGILL, more worthy of being supported than one who has added to his school knowledge a familiarity with homœopathy! It is the physician who desires to write himself into consulting practice who alone may "add an acquaintance with homœopathy to his other attainments." But he must do so only *sub-rosâ*. He may, however, publish the results of his reading, provided that they are dressed up in the current phraseology of the museum and the *post mortem* room, and set out as though the observations were original! In the concluding passage of this letter, he encourages his friends by assuring them that "if the profession would only make a bold stand, the laity would soon see that they must yield."

In short, the letter of Dr. FOTHERGILL more closely resembles the crude and inconclusive production of a "cheeky" little boy at a public school than the mature thoughts of a gentleman of education and a member of a liberal profession.

Dr. DONKIN, who by the way has stated that "no one has any right to claim that we should look for our diseases to be 'cured' at all," writes very grandly indeed about "scientific and honest students of medicine,"—alluding, we presume, to those who prescribe drugs ostensibly for the purpose of curing disease, well knowing all the time that they will have no such influence. Dr. DONKIN defines homœopathy as a "plausible and flimsy" system, and that a "consultation with a believer therein is a contradiction in terms—a moral and scientific solecism." Denunciation is one of the easiest of things to perpetrate. But it proves nothing. Dr. DONKIN may describe homœopathy in any language that may suit his taste or his convenience, but it will not, however strong, however vulgar, show that medicines selected homœopathically are not more likely to be fruitful of good than are others.

In this, as in Dr. FOTHERGILL's letter, there is no reason given why a consultation of the kind denounced should not be held.

Another correspondent, a Mr. DAYMAN, of Southampton, cannot resist the temptation to follow the well-known example of DOGBERRY, and writes as follows: "Homœopathy," according to this person, "in the eyes of all good men and true, is a thing as much outside legitimate medicine as astrology, alchemy, or the Brunonian system." A man that can feel no shame in publishing such unblushing ignorance as that displayed in this sentence is unworthy of the notice of intelligent people. It would, indeed, be long, we should imagine, before any homœo-

pathic physician would desire the assistance of Mr. DAYMAN in consultation! He need have no fear of being seduced into contracting a *mésalliance* of this kind, at any rate.

Dr. HANDFIELD JONES alleges that it is the question of dose that prevents consultation. He quotes Dr. HUGHES' summary of the pharmaceutic processes of homœopathy, and then adds, that as Hahnemann's doses have not been abandoned, and such drugs as *calcareo carbonica*, and *carbo vegetabilis* remain in the Pharmacopœia, "it is plain that conference between a homœopath and a rational practitioner is impossible." To this it may be replied that the 30th dilution is not given by any homœopath in *all* cases, and that *calcareo carbonica*, and *carbo vegetabilis* are not the only medicines in the Pharmacopœia. Hence it might be as well to ascertain by a conference whether the homœopath thought the case one in which the 30th dilution was essential, and either *calcareo carbonica*, or *carbo vegetabilis* necessary! Further, Dr. JONES is particular to state that it is not the law of similars that keeps the people he describes as "rational practitioners" apart from homœopaths. He does so because he has tested this principle in practice, and many cases illustrating it have been published by him in the medical journals from time to time. But he has not tried the small dose. Perhaps if he did, he would not so strongly object to it as he does. But, that the fact that experience has shown very infinitesimal doses to be all sufficient as curative agents in *some* cases should preclude all consultations, is too absurd for discussion, and no reason at all why Dr. JONES' desire that the existing severance might cease should not be fulfilled.

We have noticed letters from ambitious young physicians, naturally anxious to ingratiate themselves with the surgeon-apothecaries of the provinces, and one from a more

intelligent and thoughtful man, who desires to see his way out of a position he clearly feels to be untenable. We will now notice one from a well-known surgeon who has retired from practice. Mr. HOLTHOUSE, who within a few years was the senior surgeon of the Westminster Hospital, says, (*British Medical Journal*, May 7), that since he has had more leisure to look into many matters, medical and ethical, he has been enabled to take a more judicial view of men and things, and to emancipate himself from the thralldom of ideas and feelings instilled in early life. Among other matters, homœopathy has come under review, and the bearing of medical men who do not believe in it towards those who do, has had his consideration. Having shown that homœopaths are not quacks, he proceeds to enquire why non-homœopaths refuse to meet them in consultation. That they are neither knaves nor fools, as was generally believed a few years ago, Mr. HOLTHOUSE's experience has convinced him, for he says, "I have lived to learn that there may be homœopaths who are neither one nor the other, but as honourable and intelligent as ourselves, and in one respect, perhaps, more so; for whereas we ignore their remedies, they, acting on the principle that *Fas est ab hoste doceri*, adopt ours when their own fail." He presently adds—

"They do believe, as I think most of us do, though to a more limited extent, in the doctrine of *similia similibus*; and they hold themselves justified, as they have a perfect right to do, in making use of other remedies than homœopathic ones, where these fail to effect their object, and in larger doses than was formerly their wont. This, so far from being a ground of complaint against them, redounds to their credit; and proves that they are not slavishly following in the footsteps of their master, but claim the same right to adapt their practice to the altered circumstances and views which now prevail as we do ourselves. Has our own

practice undergone no change? Do we still adhere to the teachings of half a century ago? If not, are we entitled to put on the mantle of infallibility, and to condemn all systems but our own as irrational and unscientific?

“What is rational medicine? Is it that which was in vogue fifty years ago, when our patients were bled, cupped, leeches, purged, starved? Or, is it that which succeeded it: when all these depletive measures were abandoned, and they were gorged with food, and stimulated with wine, brandy, and rum, till the outcome of this scientific treatment had culminated in the manufacture of a legion of drunkards? Or, is it that towards which we are travelling at the present day, when both the former systems are decried; and we are taught that safety can only be secured by abandoning the one and the other, and adopting the practice of total abstinence from all alcoholic liquors?

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“Let us, then, look this matter fairly in the face; and ask ourselves whether the time has not arrived when we should review our position with relation to homœopathy—whether it would not be a gain to both parties that some understanding should be come to; and, while we cannot but acknowledge that, as regards the past, error has been committed on both sides, let us also admit that good has resulted from the conflict. As members of a profession which boasts of being liberal, and by courtesy is styled such, let us prove our title to it by our acts; and cease to hold that attitude of hostility towards the practitioners of homœopathy, which, say and think what we will, is regarded by the outside public as merely a phase of trade-unionism.

“The mere fact that homœopathy still survives, spite of unceasing persecution and ridicule, and not only survives but flourishes, is *prima facie* evidence of there being something more in it than we are aware of, or are willing to admit; and many facts, bearing on the doctrine of similars, and on the potency of minute quantities, have recently been brought to light, which go

to strengthen rather than weaken the Hahnemannian doctrine.\* I think, then, the time has come when, both on ethical and scientific grounds, we should take up the question anew; and, with all deference, I would submit that, if a homœopath is properly qualified, and practises his profession honourably and to the best of his ability, the onus rests with us to show why we should not meet him in consultation."

The letter of Mr. HOLTHOUSE was evoked by one from Dr. BRUCE of Dingwall, in which he urges the reconsideration of the decision of the profession, made some years ago, to ignore homœopaths as medical men, and to enter into no professional communion with them. Dr. BRUCE takes the opportunity of expressing his regret at having taken a part fifteen years ago in ousting a man, whom he respected, from a hospital appointment, because he was a homœopath. He thinks that he and others, as he says, wiser than himself, were wrong, and, at any rate, he is sure that they would not do the same thing again.

In the article from the *Lancet*, from which we quoted in the earlier part of this paper, a good deal of soreness expressed itself at the idea of the refusal by allopaths to meet homœopaths in consultation, being regarded by the public as "trades-unionism." In what other light can it be viewed? The essence of trades-unionism is the restriction of the liberty of an individual in the exercise of his calling. In the matter of consultations this restriction is distinctly imposed. The question of going to, or refusing to go to a consultation is not an open one, not one to be decided by the physician or surgeon whose opinion or co-operation is requested. It is a hard

\* "I refer here to such facts as the recommendation of minute doses of ipecacuanha by Dr. Ringer to relieve sickness; very large doses of quinine by Professor Charcot and M. Menière to relieve the giddiness and singing in the ears in Menière's disease; small doses of pilocarpine by Dr. Murrell to check the sweating of phthisis."

and fast rule imposed by colleges and societies; one the infringement of which carries with it certain penalties. By meeting a homœopath in consultation, a physician or surgeon exposes himself to expulsion from certain medical societies, his fellows are bidden not to meet him, not to call him in, not to have any sort or kind of professional communion with him. He is to be treated as a Pariah! If this be not trades-unionism, we know not what is! And to what absurd lengths it may be carried, how it will impair a man's self-respect, the following illustration will show. A medical man some years ago made a series of experiments, in a hospital to which he was at that time attached, which convinced him that disease was much more readily curable by homœopathically indicated remedies than by those he had been taught to use. He determined to adopt homœopathy into his practice. He then purchased a practice of which the physician had long been a homœopath. He succeeded well. He treated his patients homœopathically with complete satisfaction. This went on for a number of years; but as his professional duties increased, the worry of studying cases, of examining the *Materia Medica*, became more and more unendurable. Palliatives were much more easy to find than specifics! While all the time his medical neighbours "cut" him. Then came the question, was it worth while to endure all this ostracism for the sake of science, for the purpose of being able to practise homœopathy? He concluded that it was not; and informed his medical brethren that he had given up homœopathy, and hoped they would receive him! They did so, and he became a member of the local medical society—all the while being carefully watched lest he should be found retracing his steps or doing anything likely to compromise himself with homœopathy! One morning he received a telegram from an old friend, asking him to join him in certifying as

to the insanity of a patient. He replied in a long letter that he could not do so ; he had disconnected himself from homœopathy ; and if he met his old friend at a sick person's house, Dr. — and Mr. — would refuse to meet him in consultation ! The answer to this was that the refusal was a matter of no consequence, as an allopathic practitioner had done all that was necessary. Now here there was no consultation at all—it was a case where the person to be visited must be seen by two medical men, but that separately, where one must not be present while the other is making his examination. But even here, so great is the terror exercised by the medical trades-union, that this physician, an ex-homœopath, was positively afraid to sign a certificate on which the name of a homœopath appeared ; and the cause of his fear was the possibility of his incurring the displeasure of a physician and surgeon of more or less local eminence ! Had he been a free agent, had he been at liberty to perform any professional duty he might be called to, he would have gone at once, and have gone with pleasure. But he had renounced the liberty he once enjoyed, and had voluntarily donned the shackles of medical trades-unionism !

It is this “ hard and fast rule,” as Dr. BRUCE terms it, against which we protest. We can understand a medical man refusing to meet another medical man on various grounds, but that he should in any instance be liable to be called to account before a body of his medical brethren for having done so is, we assert, a source of scandal which is a disgrace to the profession of medicine, a condition of things which deprives it of all title to be described as liberal.

There is then, we hold, no reason why homœopaths and allopaths should not meet in consultation. There may be many cases in which one or other will feel obliged to retire from the future conduct of the treatment, while there still

remain many in which they can, with every advantage to the patient, continue in co-operation.

Further, meeting in consultation is a matter which should be entirely left to the discretion of the practitioners engaged. No college or society has any right whatever to impose barriers to such meetings. It is this drawing of a hard and fast line, where no public body has any right to draw any line at all, that has been productive of so much injury to the reputation of the profession of medicine. This it is that has divided the profession into practically two bodies. This it is which has prevented the full development of an important therapeutic doctrine.

We can only hope that the discussion which has recently been excited will do somewhat towards drawing these two bodies more closely together, will show our allopathic brethren that they have yet to learn what homœopathy really means, will convince them that it is a doctrine not only worthy of discussion, but one urgently calling for investigation, and that no investigation of it worthy of the name can be undertaken without the co-operation therein of those who have for years devoted time and thought to its study, of those who have risked everything that can render life worth having in its defence.

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### ON DYSMENORRHŒA.

Being one of a course of Lectures on Diseases of Women, delivered at the  
London School of Homœopathy.

By D. DYCE BROWN, M.A., M.D.

GENTLEMEN,—I now proceed to consider dysmenorrhœa, or painful menstruation.

Normally, menstruation is performed without anything approaching to pain. Usually a slight feeling of discomfort in the pelvic region announces the advent of the period, but when this amounts to actual pain, then we have dysmenorrhœa.

This is a subject which has been much studied and written about of late years, and our knowledge is much in advance of what it was thirty or forty years ago. Dysmenorrhœa is usually divided into three classes, indicating the view of the causation of each—(1) neuralgic, (2) congestive, (3) mechanical dysmenorrhœa. Two other forms have to be noticed separately, viz., ovarian dysmenorrhœa and dysmenorrhœa membranacea.

The immediate cause of dysmenorrhœal pain is, as everyone is agreed, retention for a time of the menstrual blood, which becomes coagulated in the uterus, and as a consequence causes pain and difficulty in expulsion. The prevailing tendency in the old-school is, keeping this cause in view prominently, and forgetting in a great measure the cause of this condition, at least in the way of treatment, to adopt mechanical measures to dilate the orifice, internal or external, of the cervix, and so to remove the possibility of obstruction to the flow of the menstrual fluid.

As a consequence of this tendency, modern authors are inclined to ignore very much the first form, or neuralgic dysmenorrhœa. Thus we find Dr. Barnes (*Diseases of Women*, p. 213) saying: "Not many years ago, dysmenorrhœa was almost universally looked upon and treated as a nervous affection of the uterus itself, or sympathetic with disorders of distant organs, or the expression of constitutional debility. And vague ideas of this kind still prevail largely amongst physicians who have not directed particular attention to the pathology of the ovaries and uterus. But in proportion as precise objective methods of investigation have been applied to the study, it has been discovered that in most cases the nervous phenomena are dependent upon distinct morbid conditions of the uterine tissue, or upon conditions which oppose a mechanical obstacle to the proper performance of the uterine functions, or upon disorders of the ovary. If, therefore, we still retain the term neuralgic dysmenorrhœa, we must do so on the understanding that, although expressing really existing disorder, it is a convenient *asylum ignorantie*, under which we may class a number of cases, the true pathology of which eludes our search. Extending observation will, however, certainly contract this asylum more and more, if, indeed, we may not hope to close it altogether."

These sentences at first sight look very philosophical and sensible, but when we examine the subject more closely, we shall find that they are not so—that those who resort to surgical means, in the majority of cases, are really taking advantage of this “*asylum ignorantie*,” and that it is no more unscientific to acknowledge the full importance of the neuralgic variety, especially in the matter of treatment, than it is to acknowledge the existence and very frequent occurrence of neuralgia elsewhere. I, myself, believe that the majority of cases we have to treat are essentially neuralgic.

We shall see, when speaking of the treatment, how useless or, at least, weak is the medicinal armamentarium of the old-school, and it seems to me that this is one main reason of the resort, characteristic of the present day in the old-school, to mechanical and surgical appliances. I shall be able to show you that our remedies are so valuable in the relief of dysmenorrhœal pain, that recourse need very seldom be had to mechanical and surgical treatment. I must say that I disagree with Dr. Barnes as to his desire to put into limbo the neuralgic variety of dysmenorrhœa. The “number of cases, the true pathology of which eludes our research,” will be much reduced by the application to the question of the results of therapeutical measures.

No one denies that the chief part of the immediate cause of the pain is the narrow condition of the cervical passage, but what I contend is, that when this is only temporary, as it is in many or most cases, produced by a neuralgic condition, or by congestion, or both, treatment by dilatation or incision is only a rough and rude form of treatment. True it is that we find cases where there is unmistakably an abnormally narrow condition of the cervical passage, and in these cases—some of them at least—operation is justifiable; but even in these cases, as I shall afterwards point out, we may do without the use of this more severe treatment.

First, then, of neuralgic dysmenorrhœa. That such does exist, and is the cause of a great number of the cases that come under our notice, is evident from the following considerations:—

1. Cases occur when there is no evidence of real uterine congestion between the periods, when all the symptoms in the case point to the character of the pain as neuralgic.

We may even have such narrowing of the cervical canal as not to allow the passage of the sound without force, which of course should never be employed, but where no relief is experienced from dilatation or incision of the cervix. I remember one marked case of this kind. The pain was extremely severe, and though considerably relieved by internal treatment, it was not so much so as I expected or desired. The sound would not pass the os internum, and pressure on it caused pain. In order to satisfy myself if this narrowing was the real cause of the pain, I inserted just before the period the smallest sized tangle tent, which only went through the external os. The effect of this dilatation of the lower part of the canal was that the sound passed in with the greatest ease into the uterus. Menstruation came on next day, but the pain was in no way relieved, and she had to resort to the old medicines. Dr. Barnes really admits the same thing, though he is unwilling to acknowledge it. On p. 221 he says: "With all this variety of illustration concentrated into one focus, we shall be justified in repeating the proposition with which we started—namely, the essential cause of dysmenorrhœa—at least, in the great majority of cases—is retention of the menstrual secretion. The exceptions in my experience are very few, and yet among these few exceptions there are some which I should hesitate to consign to the neuralgic asylum. We meet with cases every now and then in which the dysmenorrhœal symptoms are very severe, although there is no obvious stenosis. In some of these I have found the uterus small, perhaps inclined to one side, and set in a short, non-distensible vagina. Sometimes the os externum is preter-naturally small, *but even after freely dilating this* the dysmenorrhœa persists. The subjects of this kind of imperfect development—for such it is—are commonly of a highly nervous temperament, acutely sensitive of pain, and it would be easy to say they suffer from 'irritable uterus' or neuralgic dysmenorrhœa; but this refuge seems unsatisfactory. In some of the subjects the hyperæsthetic condition has been gradually developed, caused by the frequent pain and imperfectly performed functions, and was not a primary condition. In some cases I have seen great improvement, even cure, from the use of Simpson's intra-uterine galvanic pessary." This last remark, I should think, would point very strongly to the neuralgic view of such cases.

2. Conversely, even as Dr. Barnes in the above quotation admits, there are cases where there is no obstruction, and where the sound passes in easily between the periods, and yet there is dysmenorrhœa. One of my cases of most severe pain was of this class, the sound passing into the uterus with perfect ease, and there being nothing abnormal in the condition of the uterus, as ascertained by physical examination.

3. And yet again, we meet with cases where the sound will not pass the os internum, and yet there is no dysmenorrhœa. I saw a case of this kind not long ago, when I was consulted in regard to the absence of family, and for which reason I tried to pass the sound. There was no flexion whatever, but the sound would not pass. I proceeded to dilate the cervix, getting the tent only in as far as the lower side of the os internum, and it was not until the external part of the cervix was dilated so much as to admit the first finger easily, that the internal os dilated so as to admit the passage of the sound. In this case the lady was the reverse of "nervous," and beyond slight uneasiness on the first day or two of the period, experienced nothing of dysmenorrhœal pain.

4. Still further, we meet with cases where there is no evidence of congestion of the uterus between the periods, where originally there was no dysmenorrhœal pain, but in whom after the development of a depressed condition of nervous system—in short, a hyperæsthetic state, severe dysmenorrhœa occurs.

While contending as I have done for the essentially neuralgic origin of many cases of dysmenorrhœa, I do not mean to say that the pain in such cases is nothing more than a neuralgia, as occurring elsewhere. We all know how a neuralgia is increased by the addition of any congestion of the part, and that there is a normal congestion of the uterus at the period is admitted by all; and we also know how closely allied neuralgia is to spasm, and how a muscular contractile organ such as the uterus, when affected by neuralgia of its nerves, is liable to spasm. Here then is, I believe, the real state of matters. The nervous system as a whole, and the uterine nerves in particular, being in a hyperæsthetic or neuralgic condition, this state is aggravated by the normal congestion at the period, and gives rise to spasm of the cervix, and consequent pain, with retention of the first part of the flow. The uterus becomes distended, the os internum contracts,

and the result is severe pain. I thus agree with Dr. Barnes that the immediate cause of the pain is retention of the secretion, but what I contend for is that in many cases, the cause of this state is essentially neuralgic. It follows from this view, that such cases are suited for internal treatment, and not for surgical interference. The right understanding of the pathology of these cases is very important, as it shows us what cases are most amenable to drug-treatment.

The patients, then, in whom this form of dysmenorrhœa appears, are those who would be classed as "nervous." They are excitable, or give way to depression of mind, alternately with excitement. They are frequently troubled with neuralgia in the head or in other parts; they are the subjects of "spinal irritation," have pain up and down the spinal column, with perhaps tenderness in certain spots; headaches of the pressive vertical type, and over the eyes, aching in the eyes, and dilated pupils; their nights are sleepless, or restless, with much dreaming. Percussion of the chest or abdomen may give pain, evidently superficial; there is palpitation, ovarian pain, with extreme sensibility in this region. The infra-mammary pain is often present, the sacrum aches, the limbs ache on the least exertion, and put the patient off her sleep. On examination of the vagina, the orifice is unusually sensitive, making the entry of the finger painful; there is tenderness on pressure everywhere on the vagina, and on the cervix and body of the uterus, while on examination with the speculum, nothing abnormal is visible. The passage in of the sound gives rise to much pain, though done in the gentlest manner. There is constipation, with pain in defecation, frequent desire for micturition, poor appetite, gastralgic pain, without any dyspepsia proper, but with painful sinking or faint sensation at the epigastrium—in fact, a state of general hyperæsthesia of the nervous system. All of these symptoms are not always present, but the above is what we find in extreme cases of this type. While I have so far described the symptoms of one class of dysmenorrhœal cases, I had better here, perhaps, describe the symptoms proper to the dysmenorrhœa, premising that these local symptoms are very similar in all the three classes—the congestive and mechanical, as well as the neuralgic cases. The chief difference is that in the two former sets of cases, there is an absence, at least to a great extent, of the symptoms of general hyperæsthesia. The pain may begin two or three

days before the appearance of the flow, this being chiefly in the neuralgic cases. It then consists of more or less severe pain in the lower back, the ovarian regions, and the hypogastrium of an aching, shooting, contractive, or down-bearing pain. On the first day of the flow the pain is usually at its climax. It is then of a cutting, cramping, or constrictive kind in the abdomen from the umbilicus down to the hypogastrium and all round the pelvis, followed by, or mingled with severe forcing-down pains like those of labour, felt in the uterine region, and going through to the back, and down the thighs. This pain is sometimes so severe, as to cause the patient to roll in agony for hours; many women are utterly unable to leave their bed. Vomiting is very frequent from uterine sympathy, and is sometimes most painfully severe; the head aches, and there may be marked mental excitement, and even delirium. Some women become nearly or quite insensible from the pain, or actually faint. During this time there may be no appearance externally of any discharge, but it has been secreted from the uterus, and after a variable number of hours, it appears, usually clotted. The passage of the clots gives extreme agony, but after this the spasm yields and the pain decreases, sometimes leaves entirely, but leaving the sufferer in a state of prostration. In the neuralgic and mechanical cases, more or less pain continues during the entire period.

I reserve speaking of the treatment, till I have spoken of the other varieties of dysmenorrhœa, but I may here state that it is important to enquire minutely as to the special site of the severity of the pain; thus, whether felt chiefly in the uterine region, in the back, or equally all round, with the collateral symptoms, in order to select the right remedy.

Next as to the congestive dysmenorrhœa. This occurs in women whose cervix is somewhat narrow, and in whom the normal amount of uterine congestion at the period is sufficient to cause such additional narrowing as to create an obstacle to the flow, or in cases where there is some amount of chronic uterine congestion. Such cases are usually quite eased of the pain as soon as the discharge escapes from the os externum, the sanguineous excretion naturally relieving the temporary congestion. The first part of the discharge is usually clotted, as in the other

cases, the clot arising from the temporary retention of the blood in the uterus.

When there is undoubted chronic inflammation of the uterus the symptoms will be evident, and will be discussed afterwards; but a certain amount of chronic congestion may arise from the frequently recurring attacks of dysmenorrhœa, originally nothing more than neuralgic, or in cases where the normal congestion causes the narrowing. The frequent repetition of this disorder is apt to produce such a state of chronic uterine congestion as manifests itself by more or less constant sense of weight in the hypogastrium, dragging in the loins, aching in the ovarian regions, with tenderness on pressure, enlargement of the body of the uterus, as ascertained by the finger and sound, and leucorrhœa.

Such cases are so often complicated with neuralgia—if not entirely at first of this character—that, although we may separate them in description, they often run into one another, and we have a case of mixed type. By no means unfrequently, a long, lasting dysmenorrhœa develops into a menorrhagia from the constantly recurring ovarian and uterine congestion.

Such cases also are quite amenable to drug-treatment, and require no surgical interference.

Thirdly, the cases of mechanical dysmenorrhœa. Such undoubtedly do occur. Malformation, as we may consider this to be, may occur here as elsewhere. The cervical passage is here abnormally narrow. The narrowing may exist either at the os externum or internum, and there is a difference of opinion among gynecologists as to which is most frequent. When it is at the external os, the cervix is usually long and conical, and the orifice may be so small as not to admit the point of the sound, even of a very small sized one; if it is at the internal os, the same is found there. In such cases, it stands to reason that this, added to the normal monthly congestion of the uterine mucous membrane, will produce extreme pain in the passage of the discharge. Another frequent cause of mechanical dysmenorrhœa is flexion of the neck of the uterus on the body—either ante- retro- or lateri-flexion, or the presence of a fibroid tumour or polypus obstructing the canal.

Mechanical dysmenorrhœa is almost always followed by sterility, but it by no means follows that this should result

when the dysmenorrhœa arises from the other causes. I have seen cases of the most extremely severe dysmenorrhœa followed by pregnancy immediately after marriage. Nor does it always follow that sterility results from congenital narrowing. I knew a case where the os externum was so narrow as barely to admit the point of the sound, where dilatation by tents had improved the dysmenorrhœa for a time, but where the lady had relapsed into the former state of contraction. She was on the point of coming up to London to have incision performed, when pregnancy occurred and rendered it unnecessary.

The treatment of cases arising from flexion of the neck of the uterus on the body, or of fibroid tumours or polypi, will be the treatment of those affections themselves, which I here pass by.

As to the surgical treatment of mechanical dysmenorrhœa by dilatation or incision, as this is more properly surgical, and has nothing to do with homœopathy, I forbear for want of time explaining it. But even in cases which may justify such means we may get so much marked relief by internal medicine, as I shall afterwards mention when speaking of the remedies, as to render operation unnecessary.

I now come to speak of the treatment of dysmenorrhœa. This resolves itself into (1st) that proper at the time of the pain, to relieve it, and (2nd) that during the interval.

First, as to the means useful to relieve the pain at the time. Before going over our mode of treatment, it may be interesting to see what allopathy can offer. I quote from Dr. Barnes one of the most recent writers:—

“ Happily the recent application of means of exploring the state of the organs primarily affected has, by enabling us to analyse the cases, shown that the majority at least are dependent upon physical causes which admit of remedy. The *treatment* has become far more successful than was contemplated as possible by Gooch and Ferguson. The first condition in which we are likely to be consulted is during the attack. We are called upon, as our first duty, to relieve pain; and during the menstrual flow our hands are commonly tied. We are driven to a trial of sedatives and narcotics. Where the agony is so intense as to induce delirium, it is justifiable to induce anæsthesia by chloroform or chloral, but the frequent recourse to these agents is apt to entail a terrible penalty. The patient who has once or

oftener thus drowned her sufferings, is little able to resist the imperious craving to throw herself into the same treacherous oblivion on every return of pain. She soon falls into the habit of exaggerating her suffering so as to impose upon others, as well as herself, the necessity of getting relief, even momentary, at any cost. To say nothing of the fatal accidents which have occurred from the use or abuse of chloroform or chloral, even when skilfully administered, experience shows, it is said, that the repeated or habitual use of these agents is liable to induce epilepsy and mental prostration of a kind to justify apprehension of lapsing into dementia. There is no principle of conduct more imperative than this: so to direct our treatment as to preserve and encourage to the utmost the mental and moral integrity of the patient. When once we have lost the aid of her own will, when she has lost the precious gift of self-control, our task is a sad one. We are almost driven into becoming quasi-accomplices in a course that almost infallibly ends in moral annihilation, compared with which the original malady, still subsisting, sinks into insignificance. One of the best temporary sedatives is Hoffman's anodyne, the *spiritus ætheris sulphuricus compositus*, which may be given in half-drachm doses. To this may be added ten or fifteen drops of *liquor opii sedativus*, and both act better if given with *liquor ammoniæ acetatis*. Indian hemp in half-grain or grain doses is often valuable; it may be given alone or combined in pills with lupulin, or five grains of Dover's powder. Where there is a distinct hysterical character, musk, camphor, and assafoetida are often useful. Allied to sedatives in their effects are the bromides of potassium and ammonium. One or other of these may be given in scruple or even half-drachm doses, repeated every four or six hours. Bromine seems to possess a specific power in subduing ovarian excitation. If sedatives cannot be taken by the mouth, we may resort to subcutaneous injection of one-eighth or one-sixth of a grain of acetate of morphia; or half a drachm of laudanum may be thrown into the rectum; or medicated pessaries containing opium or belladonna may be placed in the rectum or vagina. The local treatment in the purely neuralgic affection is restricted to the use of hot fomentations or cataplasms to the abdomen, foot baths, and other external applications. Simpson recommended the injection of chloroform vapour or carbonic acid gas into the vagina, or the application of a small bit

of lint soaked in chloroform and covered with a watch-glass over each groin. This produces a small blister. The diet should be simple, and the use of stimulants strictly regulated. Moral treatment is of great importance. During the intervals great care should be taken to cultivate habits of industry. Occupation, physical and mental, is the great panacea. 'Something to do!' is the great female cry. In no case is it more urgent than here. If these and other similar means, as well as time, fail to bring a relief, a physical examination becomes necessary, and then we shall probably discover some condition of the pelvic organs, on the successful management of which the hope of curing the dysmenorrhœa will rest."

(To be continued.)

### THREE CASES OF SKIN DISEASE.

By EDWARD BLAKE, M.D., &c.

#### *Contagious Impetigo.*

No. 1. Master W. H. B., aet. 8. Lymphatic temperament. Twelve months ago had a small scab in head, it gradually enlarged and thickened; now there is on the vertex a coherent mass of circular form four inches in diameter, consisting of scabs and matted hair.

I had this all poulticed off and the subjacent surface painted with acid carbolic 3 j, aquæ ferventis 3 iii. This rapidly healed the large denuded surface with slight injury to the scalp.

Prescribed internally *Pil. ol. crotonis* 6x, 1 n. mque.

All new spots to be well fomented, scraped and dressed with the following unguent:—

*Liq. carbonis deterg.* 3 j, *ung. petrolei* (vaseline) 3 j.

Sept. 11. The eruption is nearly gone. There is a good deal of eneuresis, and the urine has a disagreeable odour.

*Pil. dulcamaræ* 1, one to be taken one hour before each meal.

To have a teaspoon of cod oil at bed-time.

Nov. 12. Face and head nearly free from rash. No fresh symptom; the eneuresis is better; the bowels are now confined.

*Pil. merc. sol.* 6, 1 n. mque.

Nov. 27. Much better, only one small point of eruption on chest. He has a cough with wheezing.

Return to *dulc.* 1. Continue cod oil.

Dec. 11. Better, tiny spot on chin; gets three stools a week.

*Pil. ol. croton.* 12, 1 n. *mque.*

Dec. 25. Quite well.

Comments: This was an aggravated and obstinate case of a loathsome disease. The carbolic dressing removed the disease, but had no power to prevent recurrence. This could only be effected by two means, viz.: building up the constitution by means of milk, cod oil, &c, and by specific medication.

I have found croton oil of great service in impetigo with intestinal disturbances, and *dulcamara* is invaluable in impetigo, and in eczema capitis when they arise in pale-faced, red-haired children with feeble glandular system.

#### *Psoriasis.*

No. 2. Mrs. C. F. P., æt. 28; fair complexion, light hair; resides on a clay soil. The only disease she can recall having had in childhood is scarlatina followed, she thinks, by dropsy. As a girl she was well and strong, the only illness being an occasional quinsy; she does not remember being laid up since childhood. Her hair has been falling for the past twelve months. Has recently felt a pain in the right side in the corner of the lateral cutaneous branch of the last dorsal, she attributes this pain to having taken cold. As a rule she enjoys equal spirits, but has occasional fits of depression. She is prone to dream, and is readily kept awake by worry. Gets fluttering of the heart after excitement as well as after exertion. Just before the catamenia she is subject to temporal headache (clavus), much increased by excitement. The period is natural, a little pain perhaps the first day, but no bearing down and no perceptible leucorrhœa, though she feels local itching sometimes. Has two large sebaceous follicles on face. No tinnitus; no toothache; she eats slowly and can masticate well; the tongue is natural; no flatulence; no nausea; the bowels are regular; no pile, and no kind of worm. No cough, nor expectoration. Arms and hands (chiefly left) numb or cramped during the night only. When fifteen years and six months old, she observed some white scales

appearing on the elbows and knees. She was taken to the late Mr. S., who soon succeeded in removing the rash. At the age of twenty-two, however, six years ago, it recurred in the same sites, and she consulted Mr. E. W., a well-known cutaneous specialist. This time the eruption hung about a much longer time; in fact it was nearly half a year before it took its departure, and the remedies administered affected her health very injuriously. With regard to the remedies employed by that distinguished dermatologist, the lady says: "I cannot send you the prescriptions, having either mislaid or destroyed them. I remember only that *arsenic* largely figured in them. He increased the quantity of the drug from time to time, whilst I was under his care. I had to use it carefully, measuring every drop, and, if I remember aright, took the mixture after each meal. I fancy I remained under Mr. W. about three months. As regards the symptoms felt when taking Mr. W.'s medicines, at first with the small doses of *arsenic*, I felt no ill effects at all, but as the quantity was increased, after several visits *I began to lose appetite and colour*, and at last, when the spots had almost disappeared (it was a very bad attack, much worse than the present one), *I was violently sick for some days, bringing up all my food, which had a marked green tint* (arsenical gastritis). I grew quite thin, the ears especially looking drawn, and the eyes glassy. My friends now insisted on my leaving off the medicine. I did not go to Mr. W. again, for the spots had entirely disappeared."

This lady has given us a very graphic picture of arsenical poisoning. It is difficult to imagine a man in his senses pushing a deadly drug to such extremes. He certainly cured the rash, but at what a terrible cost! Six years have passed away, and the lady writes now: "I have never repeated the prescriptions, scarcely indeed having occasion, for the spots have only made their appearance (until this year) in the spring or in the autumn, and then in so slight a degree that medical advice did not seem needful; but, since taking the *arsenic*, I have found my nerves weaker than they had ever been before—I mean in the way of starting violently at loud or unexpected sounds, with headache and throbbing temples as an immediate sequence."

She married at the age of 27, but has not conceived. Twelve months after her marriage, which took place in

February, 1880, the rash again appeared, this time on shoulders and thighs as well as on elbows and knees. She has consulted no physician till she sought my aid on 8th March, 1881.

Now the elbows, the shoulders, the neck, and the knees are covered with spots of psoriasis, varying in size from a five-shilling piece down to a pea.

I swabbed the follicular throat with *acid carbol.* 1.30. I pierced the disfiguring sebaceous facial follicles with a heated Paquelin's point, and gave the following prescription :—

*Pil. sulphuris*  $\phi$ . One to be taken dry one hour before each meal.

*Liq. carb. deterg.*  $\text{ʒii.}$ , *ung. petrolei.* (*Vaseline*)  $\text{ʒj.}$ , to be applied freely to the spots after a hot bath each night.

*Pil. ignatia* 1 to be taken frequently when a præ-menstrual attack of clavus is dreaded.

I directed a highly nutritious dietary to be observed, including a cup of hot milk between meals, also a teaspoon of "perfected" cod oil at bed-time.

March 16. No change in the appearance of the rash, but has felt less itching during the day; bowels regular; less alopecia. Has not found much benefit from the *ignatia* in staving off the temporal pain.

Rep. *omnia*; increase cod oil to half-an-ounce.

March 30. Still no improvement in eruption.

*Merc. sol.* 6, ii pilules half-an-hour before each meal. Apply to rash *oleate of mercury* (Squire) instead of the *liq. carbonis detergens*. Continue cod oil.

April 26. With the exception of trifling, tiny scales on neck and shoulders, the rash has gone. Has had no headache.

Rep. *merc. sol. et oleate*. Omit cod oil.

Comments: Though this rash occupied a typical syphilitic site, that portion of the nape where the hairy scalp terminates, yet it was evidently a non-specific rash.

Added to the total absence of a syphilitic history, there was not the faintest trace of pharyngeal scar; there was no eruption on the forearms, and no coppery discolouration anywhere.

With regard to the clinical uses to which we should put this unintentional proving of the effect of *arsenic* on the

nervous system, we should note that it ought to prove especially curative in "throbbing temporal headache, aggravated by mental excitement."

*Eczema.*

No. 3. Captain K., æt. 41. Is a military man, tall and athletic, with very large vital organs and a most muscular frame. He now resides in Brittany.

I had formerly attended his father, also a British officer, for varicosis, occurring with some obscure gouty symptoms.

Captain K. has had slight gonorrhœa, but never contracted syphilis. His immunity from the latter disease cannot, however, be attributed to prudence, for though now deficient in sexual power he has led what is known as "a fast life." Has never been salivated. Of late has had a great deal of social worry. He has two healthy children perfectly free from eruption.

Twelve years ago he had rheumatic fever, but it has left no apparent disturbance of the circulatory system.

Three years ago he was bitten on the left knee by a dog. Soon after he observed a "breaking out" on the knees, then on the elbows.

Two years ago, when at Cannes, the eruption appeared very badly in the head, causing much scaling of the scalp.

Has been for varying times under the usual specialists. Under the late Dr. T. F. for eight months, under Mr. E. W. during six months, and under Dr. W. C. for three months, with very unsatisfactory results.

His lower abdomen, legs, arms, and neck, are thickly covered with eczema, and now present a most painful appearance; many points being denuded of epidermis, covered with a mixture of blood and serum. He has lost three nails through the rash. He sleeps badly, does not dream, but frequently starts. Changes of temperature irritate the skin very much. On retiring to bed, at first the rash begins to itch; on rising in the morning he is in a very uncomfortable sticky condition, he has a great aversion to warm clothing at this time. Symptoms are greatly intensified by dust. There is no sensible perspiration; never feels giddy; memory good; stuffing of ears at times; no thirst; mouth natural; throat sound; feels better without butcher's meat; teeth are in good order; liver slightly enlarged; no wind; no piles. Sometimes leaves the bed, but the bladder is natural: often a sediment

of lithates, but no uric acid. Has a slight cold and cough. Has not taken cod oil since he was a boy.

To feed well: plenty of fresh fish, bird, &c., two quarts of scalded milk a day. To avoid butcher's meat, salted articles, tea, coffee, and wine.

Feb. 2, 1881. *Pil. copaiba* 1, ii every two hours.

*Liq. carb. deterg.* 3 ii. *vaseline* 3 i. apply freely each night. Cod oil at bedtime.

“Finisterre, March 20.

“*I have to make a most favourable report of my health. My neck is quite well; sometimes there is a slight irritation but very seldom. Arms a little rough, but there are no sore places on them. The lower part of stomach and groins quite well. Right leg has about half a dozen small places, but the skin has a healthy appearance. Left leg is sore on inside of thigh a little, and rather reddish. The calf and knee are well. I awake at night sometimes with a sense of discomfort and general irritation, but very little actual itching. If I am bothered about anything, the feeling of irritation comes on by day. I take a good deal of preserved fruit. I have eaten very little meat, a good deal of fish, vegetables, eggs and chicken. Except one cup of chocolate in the morning, I drink nothing but milk. I have taken the pilules (copaiba) regularly, but not the cod liver oil, as a big bottle I got was broken on the journey. My spirits are good, my bowels regular, I can walk well, and now constantly go fishing, &c., &c. As far as it has gone, the remedies have done me more good than I have received from any previous treatment.*”

March 25. *Pil copaiba* 1, ii. *mane nocteque*. Cod-oil in gradually increasing quantities at bedtime. Repeat *ung. carbonis*.

“April 24th.

“I have been altogether fairly well. I had one bad attack of eruption, commencing with the usual feeling of uneasiness and heat. I quite put this down to some news I got which troubled me. In fact, the more I study my case, the more I see how it is affected by the state of my mind. This attack is now passing off without the use of any outward application. There are still some cracks under my left knee, but from a moist state it soon commenced to dry up, and in three days was quite desiccated. When this began the itching and general irritation returned, but I have hardly any now. If I suffer from

heat and discomfort, it is nearly always in the morning, just when I have dressed ; very rarely indeed at night now. I have eaten very little meat, and have drunk nothing but milk since you last wrote. I have been taking cod liver oil.

"I am certainly much stronger, and until this last attack came on I have been fishing, gardening, driving, and walking regularly."

April 28. No topical treatment.

Repeat *copaiba* 1. Omit cod oil.

Comments : Aversion to butcher's meat is, I think, so frequently based on some good physiological reason, that I usually humour it. I have seen such very remarkable benefit in a temporary suspension of all strong forms of animal food, that I cannot doubt the wisdom of withholding it.

This patient's conviction that the state of his nervous system had much to say to his rash, is interesting in connection with modern views of the neurotic origin of that dermic catarrh, which we call "eczema."

I have, in another place, pointed to the interesting coincidence that the eczematous remedies, *dulc.*, *sulph.*, *ars.*, *merc.*, *copaiba*, and others are essentially our catarrhal remedies.

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## CASE OF OBSTINATE CONSTIPATION.

By DR. A. S. KENNEDY.

THE following case I have deemed worthy of notice on account of two or three interesting points which it brings out. The first, is the way in which constipation is frequently produced in young children, especially girls ; the second, is the extreme degree of constipation which may exist without incapacitating the patient from going about the daily round of duty ; and the third is the rapidity, so pleasant to the young practitioner, with which the case yielded to suitable homœopathic remedies.

Mary S., æt. 12, the child of poor parents, going to a Board School, has for some three months past been troubled with constipation. This arose in the outset from the habit, formed in school, of repressing the inclination to attend to the call of nature ; often going a whole day

without trying to relieve the bowels. At length, a period would elapse of sometimes four days or a week between the motions. Pain was felt in the abdomen, which began to get tumid and tender. The mother administered various soothing compounds of salts mixed with senna, castor oil in large doses, and finally, a whole box of Mother Somebody-or-other's Purifying Pills. The effect of this mild persuasion, though doubtless astonishing at the time, was but temporary, and, before bringing the child to me, ten days had elapsed without any motion. The condition was now serious; all food taken was vomited, and occasionally vomiting of clear fluid took place, brought on by stooping forward. Great headache and languor and pain in the abdomen. On examination externally, the colon was found distended, and large masses of fœces could be made out. The child could scarcely bear to be touched, and her dress had been considerably let out to accommodate the distension.

April 27th.—*Nux.* 30, 2 pilules every night; *Sulph.* 30, 2 pilules every morning.

May 4th.—Considerable improvement since last time; instead of an interval of ten days, the patient has had five motions in seven days. Abdomen noticeably diminished, and less tender. *Rep. ambo.*

May 11th. Much better to-day; child states that she feels all right again. No pain. Swelling and hardness gone. Six motions this week. *Rep. ambo.*

16, Montpelier Row, Blackheath.

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### THREE CASES OF ARSENICAL POISONING.

By JOHN H. CLARKE, M.D.

*Tolle causam* is a maxim which scarcely receives fair play at the hands of homœopathists. The favourite cry of our opponents, we feel how little it can do for them in the matter of treatment in the great majority of cases, and we pity their helplessness. The cause of a disease is so often beyond our reach, if not beyond our ken, and has so often ceased to have any active connection with the disease, that we who have remedies, and a method of finding them, set about the work of removing the condition before us, paying little attention to the circumstances that may have brought it about. And generally we are justified by the result.

In most acute diseases it is impossible to discover the cause, and when it is possible, to trace out the connection between this and the result. In chronic diseases where the matter is of more importance, we are content if we can form some general notion of "inherited taint," "mental strain," "over-work," "worry," etc., to explain what we see; and with our heads full of "totalities of symptoms," and similar pathogeneses, we do not pursue the study of causes very far. But in this I venture to say we are unwise. It may be that in the great majority of cases it is either impossible to find the cause, or of little use when we have found it, but there is a not inconsiderable minority of cases (which we do not think it worth while to publish), at which we have been firing one by one, or one after another, half the remedies in the *Materia Medica*, and all in vain, where all our trouble, and much of our patients', might have been saved by an accurate diagnosis of the cause in the first instance.

In all chronic diseases it is not enough to diagnose the present state and the right remedy to cure it, but it is almost equally necessary to diagnose accurately the cause that has brought it about, and, it may be, is keeping it up. However difficult it may be to get at the true history of a case we should never be content till we have made it out as clearly as it is possible to do. The richness of our *Materia Medica* constitutes a real hindrance to us in this. We choose a remedy that ought to cure, and if it fails we have another to fly to without being compelled to enquire particularly into the cause of the failure of the first. Wherever a well-chosen remedy fails to do for us what it ought, we should, before setting about selecting another, endeavour to find the reason why the former did not act.

The three cases I am about to put on record are an illustration of this. Had they occurred to me three years ago, before I had become aware of the lavish way in which arsenic is supplied to the homes of England, I should doubtless have given arsenic in each case as a remedy, with the result of making them all worse. This would have surprised me, but nothing daunted I should have gone on prescribing this medicine or the other, varying the dilutions from time to time, and should doubtless have been now and again deluded by partial success. For it is often possible to relieve the sufferings of arsenical poisoning by similarly acting substances, even whilst the exposure to

arsenic continues. But this is rather a misfortune than otherwise, for it only serves to conceal the source of the mischief without materially affecting the course of the poisoning.

The first two cases I have to narrate occurred in the same house. The patients were mother and daughter. They came to me at the London Homœopathic Hospital as out-patients.

March 19, 1881. Mrs. Hannah K., 55, housewife, dark, florid, spare, complains as follows:—She has pain at the epigastrium of a scraping character, fulness after food, much flatulence, passing both upwards and downwards. She has great weakness and faintness. She wakes with burning pain in the bregmatic region of the head, has much pain across the eyes, and burning in them. Sight dim.

The tongue is dirty at the back; bowels confined; appetite fair.

The conjunctivæ are darkly congested in their lower half. The mucous membrane of pharynx is dark. The gums are healthy, though she has had much neuralgia and has lost many teeth. She has been ailing a long time.

On enquiry I elicited the following history. The family had lived in their present house eight years. They had never been healthy since they took it. All who lived in it had once every six weeks a feverish attack. One son who had left home had not had an attack of the kind since, and had been quite well. They thought it might be due to chemical works in the neighbourhood, but did not know of any of their neighbours suffering in the same way. All the rooms in the house were papered, some of the walls having as many as five or six thicknesses.

I will now relate the other case. Annie K—, 26, thin, pale, dark, unhealthy-looking, says she is suffering much in the same way as her mother. She has scraping pain at the epigastrium before and after food, much flatulence, which comes upward, disinclination for exertion, at times severe faint attacks.

Tongue thinly coated white, bowels regular, appetite very good, catamenia regular, pulse small and quick, teeth and gums healthy, pharynx dark, conjunctivæ congested, sight good.

It was evident to me that both these patients were suffering from the same cause, and, in the light of the history, I had little doubt what that cause was. I gave

them both *carbo. veg.* 6, one drop in water three times a day, as that medicine seemed most clearly indicated after *arsenicum*.

Cardiac weakness, frequent fainting or tendency to faint, is one of the most prominent symptoms of arsenical poisoning of any standing. The periodical fever occurring regularly every six weeks is a feature of great interest. I was much struck with it, because I had never met with it before, but had been told of it, and the information was volunteered by the patient herself without being asked for. It was mentioned to me first by a lady who has done more, perhaps, than anyone else, directly and indirectly, to bring this subject before the public and the profession, but who has not seen fit to publish her name. For many years she suffered in her own person and in her family a tale of misfortunes, almost incredible, from this same cause, and being possessed of unusually keen and accurate powers of observation, she has been able to turn her misfortunes to good account. Amongst other things, she told me that she noticed her children, at the time they were suffering from poisoning from their nursery paper, used to become much worse every six weeks—an exacerbation occurring, and then subsiding.

I had not much hope of the *carbo. veg.* being of much service, and I asked the patients to let me have specimens of all the papers there were in the house. The majority of them were arsenical, some were very bad, and there was no room in the house that had none. Most of the rooms had several arsenical papers pasted one over the other.

But somewhat to my surprise, each of the patients at the fortnight's end was very much better. The gastric trouble—the chief thing complained of—was greatly relieved, and I continued the medicine, waiting for the time, which I knew must come, when the poison should again assert its ascendancy. The reports continued favourable till April 30th, when the mother alone appeared, saying they had not been so well, had had an attack of the fever. This is her account of the attack:—During the week her head had been very bad. It began on a triangular patch of the forehead, the point of the triangle being at the root of the nose. This part burned and was red, and the burning spread all over the head and was accompanied with smarting. The eyes became bad, and she got into a state of burning fever all over. She always

wakes with a burning pain in the head, and is so weak she can hardly dress herself. The flatulence is still keeping better.

The daughter was also much worse again.

I told the patient this was nothing more than I expected, and that very little was to be hoped for from medicines. If she were to get out of the house, or get the house put into a healthy state, she would find herself gradually getting better, and cease to suffer, as her son had done who had left.

It will be seen that the *carbo veg.* was of decided service in relieving some of the symptoms, and might have deluded me with the idea that there could be no constantly acting cause. But the fact that the health generally was not improved for any length of time would have been enough to dispel the illusion. The fact of the possibility of relieving the sufferings is no proof that *arsenic* is not the cause.

The third case is of a somewhat different kind, but presenting many features in common with the above. Edith H. P—, 17, living at home, came to me April 16th, 1881. She was excessively pale and anæmic, nervous, fidgety,—almost amounting to chorea. She was rather small, well-made, delicate features.

She complained of headache on waking in the morning, aching in the limbs, sickness after eating, tendency to erysipelas in the nose, fainting often when anything startled her.

Tongue very pale, bowels regular, appetite varies; she is fanciful; sleep is bad in the early part of the night; catamenia came on at 14, were regular, but now are very scanty.

On enquiry I found this excessive pallor only dated from last summer, that she returned from school last Christmas twelve months in very good health and with a good colour. The family history was good. One sister who lives away from home becomes ill and loses her colour as soon as she comes home to stay. I made enquiries, and asked for specimens of the bedroom and sitting-room wall papers. Both of them I found to be highly arsenical, and they had been up all the time the patient had been at home. The bedroom paper was a brownish-drab, and contained much arsenic.

I gave her *ferrum mur.* 3x three times a-day, but in this case there was no improvement, and I ordered her to be

sent away for a change, telling her mother either to get out of the house or to get the poisonous papers removed.

These cases speak their lesson of *tolle causam* for themselves. There is scarcely need of comment, but I could give it, if time and space would allow, by recording cases of the same kind that I have treated unsuccessfully for months before discovering the source of the mischief. This mention, however, must serve for the present.

The field of causation is a large one, and I have instanced arsenic, as that occupies a large share of it at present, and loudly calls for the attention of the profession; but it must not be imagined that this covers the whole field. In conclusion, I would again urge the necessity in all chronic cases of accurately diagnosing the cause, being fully persuaded that if this is done the Petition Committee of the British Homœopathic Society will have enough and to spare of the evidence it asks for.

15, St. George's Terrace,  
Gloucester Road, S.W.

May 9.

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## REVIEWS.

*Useful Hints, to aid Workers among the Poor and Sick.*

Hamilton, Adams & Co. London.

THIS little book contains a collection of really valuable information in an easily attainable form, suited to the use of mothers, nurses, and district visitors. Many of the recipes for invalid diet are given in a way that renders it difficult for anyone to make mistakes. Copious directions are given as to ventilation of sick rooms, immediate treatment of emergencies, use of disinfectants, and the administration of various baths and packs. Instructions and patterns are given how to make different bandages, and the mode of their application.

One good point in this little manual is, that when mentioning any special domestic appliance, needed in a hurry sometimes, instead of vaguely hinting "that it may be easily procured through a chemist or ironmonger," the name and address of the firm who make it are given.

Interspersed through its pages are a number of rules for the treatment of various diseases, which most people, less ambitious, perhaps, than the authoress, would be inclined to leave to the care and discretion of a medical practitioner. The mistake has been made, as nearly always occurs with domestic amateurs, of

fancying that the same medicines are adapted to every case of any given ailment. For instance, in the treatment of measles, we are told that *pulsatilla* 1x is a most useful medicine, but no mention is made of *aconite*. Directions also are given for cases of suppressed measles, but no suggestion is made of the desirability of medical aid. Doses, too, should be more defined. In case of ulcers of the eye we are advised to take "*euphrasia* (eye-bright), small doses, and bathe the eye constantly with *euphrasia* tea made from the herb." A child capable of carrying out the authoress' directions in case of catching fire, would be well worth exhibiting as a marvel. They are as follows: "Every child should be taught, in case of catching fire, *not* to run out of the room, but to ring the bell and roll a table-cover or hearthrug round itself." Most admirable advice, doubtless, but no directions are given as to those rooms where there is no bell or necessary hearthrug. It would need a cooler head than a child's to enable these minute directions to be carried out. On the whole, however, the manual is instructive, and suited to the class of persons whom it is designed to reach. All efforts calculated to ameliorate the condition of the suffering poor, deserve our best wishes.

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## MEETINGS OF SOCIETIES.

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### DINNER TO DR. BAYES.

On the 27th of April, a dinner was given to Dr. Bayes, the honorary secretary of the London School of Homœopathy, on the occasion of his leaving London for Brighton, at the Grosvenor Gallery, Bond Street, by a number of medical and other friends, desirous of recognising the services he has rendered in developing homœopathy. The chair was occupied by Dr. POPE, who was supported on his right by the guest of the evening, on his left by the Earl of DENBIGH. The vice-chair was filled by Major VAUGHAN-MORGAN. There were also present:—

Dr. Donald Baynes (Canterbury), Dr. Galley Blackley (London), Dr. Edward Blake (London), Dr. Dyce Brown (London), Dr. Burnett (London), Dr. Burwood (Ealing), W. D. Butcher, Esq. (Reading), Dr. Clarke (Kensington), Dr. Clifton (Northampton), Dr. G. Clifton (Leicester), Dr. Collins (Leamington), Dr. Cooper (London), Dr. Goldsboro (Camberwell), Dr. Gardiner Gould (Eastbourne), H. Harris, Esq. (Camberwell), Dr. Hughes (Brighton), Dr. Jagielski (London), Dr. Kennedy (Bristol), Dr. Arthur Kennedy (Blackheath), Dr. Matheson (London), Capt. Maycock (London), D. Noble, Esq. (Southwark), Dr. Owens (Leamington), A. R. Pite, Esq. (London), Dr. Ramsbotham (Leeds), F. Rosher, Esq. (London),

Dr. Roth (London), Dr. Scriven (London), Dr. Shaw (Hastings), Dr. Lloyd Tuckey (London), Dr. Thurlow (London), and Dr. Woodgates (Reigate).

The dinner was excellently served. After the removal of the cloth, the CHAIRMAN, in proposing the first toast, said: My Lord and Gentlemen, I ask you to drink to the health of Her Most Gracious Majesty our Queen, a toast which, wherever Englishmen are met together, has ever been, and I trust ever will be, received with genuine enthusiasm. (Cheers.) While obedience to a Royal command is, under any circumstances, a national duty, our attachment to the person of our Sovereign renders a cheerful and ready response not merely a duty, but an honour and a pleasure. For I believe the first time in the history of our profession we have, however, recently witnessed a command of this kind—a command by Her Majesty, issued to two physicians, to go to the succour of a brilliant and illustrious statesman—responded to but tardily and with undisguised reluctance; and we have also seen an apology offered, and excuses made, for having rendered that obedience before a Royal—aye, a Royal College of Physicians. My Lord and Gentlemen, I need not, I am sure, add that those physicians were not homœopaths. (Loud cheers.)

The toast having been duly honoured, the VICE-CHAIRMAN, Major W. Vaughan-Morgan, said,—Mr. Chairman, My Lord Denbigh, and Gentlemen, the next toast to be proposed is one which will always be popular. As Vice-Chairman, I have to ask you to charge your glasses and drink to the health of the Prince of Wales—(cheers)—a toast which is ever received by all classes with the warmest feelings of admiration and praise. Whether the Prince of Wales performs his duties as head of the great Order of Masonry, or the duties which devolve upon him in connection with the State, he is always willing to spend his powers for the public good. (Hear, hear.) I hardly need say more respecting His Royal Highness than that at home or abroad, whether in Paris or Vienna—in fact, in every part of the Continent, all kinds and conditions of people respect and admire the Prince of Wales, to whose health we have now the honour to drink.

The toast having been duly honoured,

Dr. POPE said: My Lord and Gentlemen, I have to ask you now to join me in drinking very cordially, as Englishmen always do, to the Officers and Men of the Army, Navy, and Reserve Forces, whose readiness and courage in defending the institutions and freedom of their country we have so often to acknowledge. I ask you to drink this toast warmly, and couple it with the name of Major Wm. Vaughan-Morgan. (Loud cheers.)

The toast having been drunk, Major VAUGHAN-MORGAN, in responding, said: Mr. Chairman, My Lord Denbigh, and Gentlemen,

I could very much have wished that the very pleasant task of responding to this toast had fallen upon some one more worthy. I am not able to say much from personal knowledge of those services connected with the navy, my experiences, in common with many, having been mainly limited to the Cunard line and those little steamers that carry us from one continent to another in such comfort and luxury. There is still a great deal of doubt and misapprehension on the subject of the navy, and its great efficiency and defensive power is much underrated. The fact is we have many vessels which could go anywhere and do anything: while in its entirety the strength and fighting power of the British navy is such that I think there could be no doubt of its being able to cope single-handed with the whole navies of the world. (Loud cheers.) But when we come to the army, and especially the reserve forces, then, being somewhat of a specialist in the matter, I do know something about it. I gladly take the opportunity to contradict the assertions of croakers—some of them old public servants—asserting that the army is going down. I may say that, personally, I know that the British forces are at the present time in a better position than ever they were, and also that, as of old, they could go anywhere and do anything. The fears entertained and expressed by the Press and military croakers about the present system of short service are quite groundless. Coming to the militia and reserve forces—(cheers)—I may say that the militia are still, as they used to be, the backbone of the English military system. Everybody knows what services the militia and reserve forces rendered in the Crimea—(cheers)—and now with the volunteers—(hear, hear)—there can be no doubt that the regular army could on an emergency be supplemented with something like a quarter of a million of men. (Loud applause.) It is due to the memory of Lord Beaconsfield to say that, to him belongs the honour of first showing to the European Powers the military resources of the Empire by calling out a contingent of Her Majesty's Indian Army. (Loud cheers.) I had occasion when in India to judge the quality of the Indian soldier, which is in every respect satisfactory. A finer race of soldiers than the Sikh cavalry I never saw. On behalf of Her Majesty's army, the navy, and the reserve forces, I have to thank you for the toast. (Cheers).

Dr. POPE: My Lord and Gentlemen, there is a toast which is never neglected where homœopathic physicians are assembled, and this toast I will now ask Dr. Burnett to propose.

Dr. BURNETT: Mr. Chairman, Lord Denbigh, and Gentlemen, we cannot meet together as a company of medical men without remembering that great benefactor of the human race to whom we owe so much. I refer to Samuel Hahnemann. When we get up in the morning, and think what we can best do during

the day, the one man most useful in the study is Hahnemann; when you go out to see your patients, the man who helps you most is Hahnemann; and when you come home to your consulting room, the help you want is the help you get from Hahnemann. If you are ill yourself, and in doubt what to do, Hahnemann tells you. If your children are ill, Hahnemann helps you again. All day long, in whatever position or difficulty you may, in the exercise of your profession, find yourself, Hahnemann is your best companion and guide. And although he has long gone over to the majority, he still helps us more in the practice of our science than all the Jenners and Gulls—(laughter)—put together. The grand name of Hahnemann is as good as ever; and for his benefactions to medical science and to the human race I ask you to drink to that name in silence.

The CHAIRMAN then said, that before coming to the principal business of the evening, he could hardly do better than make reference to absent friends. He had received a very great number of letters expressing regret that their friend Dr. Bayes, who was present—great cheering—was about to retire from London, and that the writers could not be present to do him honour on that occasion. He believed that the expressions of those letters were but a reflex of the opinions of homœopathic practitioners and the public generally. Dr. Pope then read extracts from letters received from Lord Ebury, Dr. Bryce, Dr. Hayle, Mr. Holford, Mr. Alan E. Chambre, Dr. Proctor, Dr. Pyburn, Dr. Roche, Dr. Scriven (Dublin), Dr. Harmar Smith, Dr. Blumberg, Dr. Dalzell, and Dr. Taitot (of Boston), and telegrams which had just been received from Dr. Wheeler (of Clapton), and Dr. Williams (of Clifton), regretting their inability to be present. Now, my Lord and Gentlemen, the speaker continued, I have to ask you to drink a bumper toast to our friend Dr. Bayes. (Load cheers.) The work that Dr. Bayes has accomplished in promoting a knowledge of homœopathy both within and without the profession is so well known to all I have the honour of addressing that it is needless for me to enlarge upon it at any length.

More than a quarter of a century has elapsed since Dr. Bayes became convinced that the therapeutic discoveries of Samuel Hahnemann placed a power in the hands of the physician greater and more fruitful of good results in cure-work than those of any physician throughout the ages that have past had done, greater also than those of any observer of our own time. Dr. Bayes had not contented himself with a superficial knowledge of homœopathy, still less with being a mere reputed homœopath. (Laughter.) Having formed a high estimate of the value of homœopathy, and feeling a proportionate responsibility in possessing a knowledge of it, he has, throughout his

professional career, left no stone unturned to teach homœopathy to others. As a contributor to our periodical literature, as an author of separate publications, and still more prominently as the initiator of carefully-devised plans for the development of homœopathy, Dr. Bayes has ever taken a prominent position as a homœopathic physician. (Applause.) Thus, it has not simply been the useful and personally advantageous rôle of a successful physician that he has performed, but it has been by the far more laborious and more worrying, the personally profitless and too often thankless task of undertaking public work for the public weal, that he has distinguished himself. It has been by this that he has made his name known, his character respected wherever earnest efforts are being made to render homœopathy more widely and more thoroughly known. (Hear, hear). It has been by work of this kind that he has laid himself under obligations to all who with him desire to see every physician, both here and elsewhere, practically appreciate the value of Hahnemann's discoveries. This is the work we are here to-night to acknowledge. (Cheers). We do so on this occasion in an address, and by presenting him with an album containing our photographic portraits; but I trust, my lord and gentlemen, that we shall to-night, each and all of us, resolve to do much more than this. Imitation is said to be the sincerest form of flattery. Let us then, each of us, imitate Dr. Bayes, to the best of our several abilities and in our several spheres, in earnest and united efforts, to increase a knowledge of homœopathy. Our acknowledgment of his services would be a very hollow affair indeed were we not to include in it a determination to sustain and increase the efficiency of the London School of Homœopathy, the existence of which we owe to him. I ask you then, gentlemen, to give to that institution your earnest support in the future. In the report of last year's work, a scheme is shadowed forth for that re-constitution which the lapse of time has rendered necessary. That scheme appears, to those who are responsible for its details, to be the one best adapted to the wants of homœopathy. At the same time it may, like all other human devices, be susceptible of improvement, of being altered with advantage to homœopathy. The committee of the school will, I am sure, be heartily glad of any suggestions which may tend to its improvement, and will fully consider them before the meeting in October at which the final decision is to be arrived at. That committee will, I am sure, do nothing which is in any way calculated to weaken the usefulness of the school in any direction whatever. They are determined that it shall not die out either suddenly or gradually. Therefore, any suggestions offered solely in the interests of homœopathy will be most gratefully received—while you may rely upon it, those which

appear to be made only in the interests of individuals will be disregarded. (Applause.) Those of us who have the honour and responsibility of lecturing are determined to exert ourselves to the utmost to render it successful, and to make it the cradle of future British homœopaths, and of well-instructed homœopaths, and I think we can do it. My opinion that we can is based upon the examination papers sent in by Drs. Moir and Thurlow in competition for the prize so generously given by Dr. Bayes at the conclusion of each winter session for the student who passes the best examination in *Materia Medica* and *Practical Medicine*. These papers were excellent, and would have done credit to many homœopathic practitioners of considerable experience. They showed, moreover, both in manner and indeed in phraseology, that the lectures had been listened to with great attention and obvious interest. I need not say how gratifying this was to the lecturers. (Cheers.)

I ask you then, gentlemen, to support Dr. Bayes and those who are united with him in developing the London School of Homœopathy. I ask you, in this way, to give practical expression to the sentiments which have brought you here to-night. I referred just now to an Album and an Address, and before I formally call upon you to drink to the toast I have proposed, I will present you, Dr. Bayes, in the name of your colleagues, with this album, in which you will find the portraits of many of those who desire to take this opportunity of acknowledging your great services to homœopathy, and will read to you the address in which they desire to express their feelings.

The CHAIRMAN then read the following Address, which was signed by between sixty and seventy medical men :—

“ London, *April 27th*, 1881.

“ Dear Dr. Bayes,—A number of your professional brethren, together with others who have watched with much interest the persevering efforts you have made, during many years, to extend a knowledge of homœopathy, both throughout the profession of medicine and among the public, desire, on the eve of your removal from London, to express to you the strong sense they entertain of the value of the work you have accomplished, the undaunted energy you have displayed in its performance, and the thoroughly disinterested motives by which you have ever been actuated in devoting yourself to the propagation of the principles of homœopathy.

“ In laying the foundations of an Institution for the public teaching of homœopathy (The London School of Homœopathy) you have earned a full title to the gratitude of all who appreciate the value of the therapeutics of the school of Hahnemann. The work you have done in this direction has been arduous, at times

we fear that it may have been attended with some discouragement, but it must be a satisfaction to you to feel that it has achieved a measure of success, which there is every reason to hope and believe will be largely added to in the future.

“Your exertions directed to increasing the prosperity, and adding to the usefulness of the London Homœopathic Hospital, have been rewarded by a most appreciable increase in its revenues, and, we believe, in its usefulness as a field for the practical study of homœopathy.

“In these and in other ways you have rendered essential services to the progress of scientific medicine—services which we desire on this occasion publicly to acknowledge.

“While regretting deeply the loss which we shall sustain by your removal from London, we trust that, with renewed health, both the Institution which you have founded, and that which you have fostered, will continue for many years to come to derive advantage from your energy, enthusiasm, and intimate acquaintance with their requirements.”

The health of Dr. Bayes was then drunk with every expression of the warmest feeling.

Dr. BAYES, who on rising was received with loud and prolonged applause, said that he felt it quite impossible to adequately express his sense of the honour they had done him or the kind words they had spoken of him. Their cordial appreciation was far beyond the deserts of anything he had been able to do in the cause they had so much at heart. He was obliged to throw himself on their sympathy, for the statement that he was retiring from London practice in consequence of failing health was no mere excuse. It had been said by Buffon that the cause of death of a large number of the human species was worry and disappointment. In the work which he had undertaken he had had a large share of both, and this had really affected his health. He had, therefore, to ask them to allow him to read his reply to the address. But he would preface that reply by stating that in Persia it was regarded as the greatest compliment to be allowed to look upon the countenance of the Shah. In like manner he would assure them that he felt rewarded and supported by being privileged to gaze upon the countenances of his friends on that occasion.

Dr. BAYES then read as follows :—

“Mr. Chairman, my Lord, and Gentlemen, the Address with which, out of the goodness and warmth of your hearts, you have presented me this evening, the greatly-prized and most welcome gift of your photographed countenances with which you have associated it, and the handsome and noble banquet by which you have bound these evidences of your goodwill together, overwhelm me with gratitude and thankfulness. All these pleasant

things are far more than I deserve or even dared to desire in return for the work I have been enabled to do for the common good. I feel humbled by the consideration of my own shortcomings, and of your too great appreciation of my small effort; but I receive your many gifts full of gratitude, and they will encourage me to further perseverance.

“ This auspicious occasion resembles the ceremony of laying the foundation-stone of a future building (as you say in your address), which may become a permanent school for the practical and theoretical teaching of homœopathic science, rather than the ceremony of rejoicing at the completion of a finished structure. We have met with many difficulties in obtaining a secure foundation, but I trust we have at last overcome them, and that we have succeeded, as it were, in blasting a foundation out of the solid rock. We are about to lay the corner-stone to-night of a super-structure which shall be devoted to scientific progress in medicine.

“ It is usual to deposit many things, such as coins, &c., under the foundation stones of public buildings, to show to future generations the age when the buildings were erected. In founding the school of the future, let us bury beneath its corner-stone the differences which have hitherto hindered us, and, by the permanence of our institution, let us trust that these differences may never again see the light. Differences of opinion exist everywhere, and especially congregate where men's minds are most active. Activity means life. Active-minded men think, and plan, and attempt to carry out their plans. Then arise other active-minded men, who think they could have done better, and so form an opposition. What is an opposition? In the first place, opposition pre-supposes an interest in the thing opposed. It has been well said that the opposite to ‘ love ’ is not ‘ hate,’ but ‘ indifference,’ for hate shows that an interest is felt in the person hated, whereas indifference shows an utter disregard to him and his feelings. Difference of opinion, when expressed, brings out further thought and excites self-criticism of their work in those who have actively engaged their minds in it. It is useful to every work that it should be severely criticised. It enhances its perfection. Friends may well overlook blots which opponents, who are actively looking for defects, readily see and point out. Hence, opponents may unintentionally be among our best friends. We, as homœopaths, have met and still do meet with an opposition outside our ranks which, though hard to bear, has really been sent in God's good providence to force upon us a more careful examination into the truth of the principle *similia similibus curantur*, than we should have given it had there been no criticising opposition. Like a high wind, opposition winnows the wheat from the chaff;

therefore, gentlemen, however unpleasant the stormy winds of opposition are, they have their uses. We of the school party have not escaped them. We must not murmur at the stormy wind which blows away and scatters weak friends, weak principles, and weak arguments. We should rather rejoice, for when the chaff is blown away, the solid wheat remains to follow its unimpeded course of fructification.

“Architects tell us that the strength of a bridge only equals that of its weakest part, that the strength of a chain only equals that of its weakest link, and to a great extent this comparison holds good as to weak supporters; we are better rid of them. Some of the opponents of the school have based their opposition on their idea of the impossibility of its success. I recently read in *Lord Clyde's Life* (by Shadwell) that he wrote this motto (translation from the German) on his note-book:—‘By means of patience, common sense, and time, impossibilities become possible.’ Let me commend this motto to our feeble-kneed opponents. I might push the illustration of this great truth to its extreme limit. I might say, the possible may become probable; and the probable, by a little further exercise of determination, may become transformed into a certainty of success.

“I am now going to venture on very delicate ground.

“Some of my friends, I am told, have been scared by what they choose to term my Radical tendencies. Now, I freely confess to you all that in one sense I glory in being a Radical; I like to go to the root of a matter. Hahnemann was a Radical in this sense. He saw that allopathic medicine was erroneous in theory and dangerous in practice, and in place of lopping off a few branches and curtailing the unhealthy luxuriance of the allopathic upas tree, he struck at its roots, in the minds of his followers, and uprooted and overturned the whole tree of error within them. In this sense, gentlemen, every one of Hahnemann's true followers is a Radical. We must cease to do evil before we can learn to do well. I lately read in the diary of a deceased clergyman this definition of the three great political parties: ‘Toryism—regret for the past.’ ‘Conservatism—content with the present.’ ‘Radicalism—belief in the future.’ Again, in this sense, I am a Radical.

“What is the root of the present matter? What is the *raison d'être* of our school? It is that the lay element of homœopathy has increased far beyond the professional; that consequently everywhere around us we see our sheep without a shepherd. Towns with 20,000, 40,000, nay 50,000 and even 100,000 people, a very large and influential section of whose inhabitants are homœopaths, have no homœopathic medical aid within a reasonable distance. It is to correct this, it is to provide

skilled homœopathic medical aid that our school has been founded. We are not contented with the orthodox, muddled, medical practice of the present day, but, gentlemen, with all my heart, I want you to believe in the future of progressive medicine.

“I cannot conceive any other future in medicine than its extension in the direction of homœopathy as the natural result of the accumulated investigations of scientific research. The revelation through the microscope of the powers of infinitesimal forces tend towards the extension of the pharmacodynamics of Hahnemann; but, again, we must fall back on ‘Patience, Common Sense, and Time.’ The medical Toryism of the past is not easily overcome. From the earliest time there has been, in men’s minds, a tendency to worship the material. A conflict between the worship of idols and spiritual worship has been waged throughout the world’s history. We are only fighting the old battle that has raged ever since, in Phallic worship, the boys and girls and women and men of pre-historic times danced round, and fell down, in adoration of the erect pole—a worship still traceable in the may-pole of the village-green, and in the attitude of the allopaths who may be said to fall down and worship pestle and mortar, pill and draught. They are surrounded by evidences of the power of infinitesimal and malignant influences in a diffusion of small-pox, scarlet fever, measles, and other pestilences. Yet they refuse to recognise the power of beneficent infinitesimal influences to cure or prevent disease. When the life of an ex-Premier lately hung in the balance on what did his existence depend? On there being an east or a west wind. Yet by what test can a man of science analyse an east wind, or point out in what resides its deadly power? It remains for the men of our Homœopathic School to demonstrate these things.

“All who are here met together are men of progress, so far as medicine is concerned. We form the party of progress. We have begun to march forward, after an indefinite time of waiting, for the opening of the gates of the allopathic mind. We can wait no longer. If we cannot obtain the means of giving homœopathic instruction within the recognised schools, we must found and carry out one of our own. To do this, requires not only money, but the active help of all who prize the benefits of homœopathic treatment. If we cannot obtain full liberty for the practising and teaching of homœopathy within the established schools and hospitals, we must found schools and hospitals of our own, on a sufficient scale to instruct students of our own, on terms of equality with those of other licensing and teaching bodies. If we cannot obtain fraternity, let us at least assure to ourselves liberty and equality.

“ I am told I have alarmed certain of my friends by the magnitude of the sum which I have deemed requisite for carrying out the scholastic and hospital requirements of this scheme. Some call me a ‘ good beggar,’ and excuse themselves for their own want of material contributions to homœopathic institutions by the opposite assertion that they are *not* ‘ good beggars.’ I freely confess that I am *willing to beg* in so good a cause, and am *not ashamed*. I would even join the Llamas of Thibet, and set up praying wheels, and send praying horses flying over the country on every wind, could I only obtain the sum I require by so doing. In our country, advertisements occupy the same place as do the praying horses in Thibet, on which are written the blessings desired by the Llamas. What we desire we *must* ask for. Asking is the foundation of every prayer. Some professional men seem to consider that there is something derogatory to professional dignity in advertising the names of the professors in medical schools and the medical officers attached to public hospitals. I can only say to such gentlemen that I admire their ‘ patience,’ but I cannot admire their ‘ common sense.’ Every successful hospital and school in our country advertises itself and its professors and teachers largely. Why are we to be debarred from such means of necessary publicity, and to bury ourselves in oblivion ? I may be permitted shortly to recapitulate, and to show the work which has been done during the four years of our school’s existence.

“ We have formed a Materia Medica Museum by the labours of Dr. Blackley, through whose exertions we have also formed a small but useful library. We have subsidised lecturers, who have delivered from 70 to 80 lectures on the Principles and Practice of Homœopathy in each year, and during the same period a similar number of lectures have been delivered on Materia Medica. Good instruction has been given within the hospital by competent teachers, and about or rather more than twenty-five medical men have passed through our courses of lectures with great credit to themselves. Small though these numbers appear, we must remember the difficulties which surround the establishment of a new institution, and we must hope that by ‘ patience ’ and ‘ time,’ the School of Homœopathy, as it becomes better known, will receive increased support. To those who have so willingly and so well worked with me, through evil report and good report, I feel sure I may tender your warmest thanks as well as my own ; and I feel confident that the time will come when every member of the British homœopathic body will award full meed of praise to these active pioneers in the direction of homœopathic instruction.

“ Meanwhile, I must ask you to join with me in giving due thanks, for their invaluable assistance, to Lord Ebury, our noble

President, Major Vaughan-Morgan, our Treasurer, and the members of our Committee and Council, for their labours have been many and earnest; neither must we forget our Lecturers and Teachers, and our Secretary, Captain Maycock. My own duties have been much lightened by the active and willing co-operation of all these gentlemen, who well merit the hearty thanks which all earnest-minded men among the homœopathic section of the public and profession are ready to give them."

Dr. Bayes resumed his seat amid loud and long-continued cheers.

Dr. CLARKE then said that it was with very great pleasure he rose to propose a toast—"The London Homœopathic Hospital." He commenced his acquaintance with the hospital four years ago as house-surgeon, and he had had in that capacity great opportunities of knowing its value as a clinical school and as a school for the training of nurses. Dr. Clarke then spoke of the importance of the School of Homœopathy, and remarked that it was not in his power to say how much was due to the guest of the evening for his great efforts in the cause of homœopathy, but he might be permitted to testify to the sympathy he had always shown for young practitioners. He had great pleasure in asking them to drink to "The London Homœopathic Hospital," coupling with the toast the name of Major Vaughan-Morgan.

Major VAUGHAN-MORGAN, in replying on behalf of the hospital, said: I am called upon to respond to your kind toast as treasurer of our hospital. In that capacity it is my pleasing duty to state that the homœopathic hospital is at the present time, financially, and structurally, in a better condition than ever it was in the whole course of its existence. (Cheers). Its sanitary condition is actually perfect in a scientific point of view, but, in addition to very valuable alterations and improvements in the drainage system, we have just constructed what I may call a "sanitary ward," that is, a ward for the proper isolation of nurses who have returned from patients recovering from infectious diseases. In addition we have re-decorated it in a very agreeable way, and now it is certainly well worth a visit of inspection. I have mentioned the hospital to homœopathic physicians in all parts of the world, and I find that information about it is always received with interest. In a few days we shall be having our annual meeting, and nothing would please the board of management better than to see on that occasion a large gathering of the homœopathic medical men. The speaker then read various quotations from the draft report of the hospital, of which a copy had been sent to him, and went on to say that the invested funds of the hospital, if the amount invested on behalf of the hospital from the legacy of the late Dr. Quin be included, would amount to

about £20,000, while the income had during the past few years very sensibly increased—(cheers)—the subscriptions alone being very nearly double, notwithstanding the loss of the munificent annual subscription formerly paid by the school. The speaker then went on to say that he particularly wished to draw the attention of the medical profession to the facilities now existing for nursing private patients. He felt perfect security in saying that the nurses were as good as could be obtained. He had heard from all kinds of professional sources of the estimation in which they were held. I regard the hospital, continued the speaker, in the light of a missionary hospital. If it is looked at simply as a hospital for the medical treatment of the sick poor, then I can urge little reason for its existence more than I could for St. George's. But educational opportunities were advantageous—(hear, hear)—and that was the reason why Dr. Bayes and those members of the medical profession, who took action with him in founding a school in co-operation with the hospital, had felt it so necessary that the work should be begun. I have now to thank you very much for the kind way in which you have received the toast of the London Homœopathic Hospital, and I hope all those medical men who have not lately been to the hospital will go over it and see for themselves its improved condition; and, I will only add, that if they see any points which do not meet their views they have only to intimate them to the board of management, who, I may safely say, will be only too glad to carry out any really good suggestions.

Lord DENBIGH, who was received with cheers, then said: Dr. Pope and Gentlemen, it is with very great pleasure that I find myself here in this goodly company of homœopaths, and I think it very fortunate that I have been in town to pay respect to Dr. Bayes on this occasion. I have been a homœopath ever since I was a boy at Eton, now some forty years ago—(cheers)—and having long felt it a duty to interest myself in methods for the relief of suffering, I have found that the practice of homœopathy is the only rational treatment of disease. (Cheers.) Recently I have had some plain examples of the methods of old-school medicine in my own experience. A brother of mine having just had a rather severe attack of illness, and no homœopathic doctor being near, we were obliged to rely upon an old-school practitioner, who administered according to the old traditions, I only being able to slip in a little homœopathy where I could. His progress was exceedingly slow; but I revenged myself by telling the medical attendant that if the patient had been under a homœopathic doctor he would have been better in half the time. Of the general ignorance of the public, as to the actual nature of homœopathy, we have, I think, had some striking instances in the papers lately. Still I think

the correspondence in the *Times* which has amused us so much—(laughter)—will do good, for it certainly calls the attention of the public to the great question of the worth of homoeopathy. But the amount of ignorance as to the true nature of homoeopathic doctrines has been most extraordinary—(hear, hear)—still the result must be beneficial, as attention is thereby called to homoeopathy, and enquiries are made. We have met here this evening to show respect to one of the best friends of homoeopathy—(cheers)—one whose goodwill, and energy, and zeal have done much to remove obstacles standing in the way of homoeopathic science. (Applause). I trust that in the same way any difficulties appearing in the way of the school may disappear. The noble lord then went on to speak of the great interest he took in new medical discoveries, especially many relating to the treatment of cancer, of which he had seen some noteworthy cases at the hospital in Osnaburgh Street. The noble lord concluded by proposing as a toast the London School of Homoeopathy.

The toast having been duly honoured, Dr. DYCE BROWN thanked the assembly for the very kind manner in which they had responded to the toast—The London School of Homoeopathy, for which they were all indebted to their genial friend, Dr. Bayes. That institution had to contend against very great difficulties, and considering that it had not been in existence more than four years, it certainly had not been unsuccessful, especially when its peculiar relation to other hospitals was borne in mind. Students had their own work at their own hospitals to get through, and it would be only those whose interest was very much excited in the subject of homoeopathy who would take the extra work of attending courses of lectures and clinical instruction at another hospital. That being so, it was to be expected that the number of students would be small. With their own hospital course to attend to, and the preparation for their examinations, there could be no wonder that comparatively few men attended the lectures while they were students. Then, when they got their diplomas, they go away as soon as they can into practice, and so cannot attend our lectures. Looking at these facts, the school has not been unsuccessful with its twenty or thirty names of students attending the lectures, and so the four years of its existence cannot be said to have borne no fruit. With regard to the scheme already mentioned, it was a scheme which well-wishers of the school ought to approve. It provided for the continuance of the work. Indeed, Dr. Pope and himself had decided, if it were found difficult to remunerate them for their services that they would continue their lectures without salary—(applause)—and so carry on what they believed to be a necessary and a good work.

Dr. ROTH said that, at that advanced hour, he would not detain the company by any lengthened remarks, but the duty had been imposed upon him to call attention to the International Congress to be held in the present year, and to urge them to appear in large numbers and give a hearty welcome to their American and Continental *confrères*. In connection with that Congress, he had intended to mention the name of the President, but as Dr. Hughes had been obliged to leave, he would call upon Dr. Jagielski to respond.

Dr. JAGIELSKI remarked that he would much rather that the duty of responding to this call had fallen upon Dr. Hughes, but as he had been obliged to leave early, it gave him (the speaker) the opportunity of saying how highly he estimated his gifts. He had attended Dr. Hughes's lectures, and could testify to the great knowledge and mastery of science displayed in them. (Cheers). He was a man eminently fitted to occupy a professorial chair.

Dr. COOPER then proposed as a toast the gentlemen on whom the great burden of the work of organising the dinner to Dr. Bayes had fallen, namely, Dr. Blackley and Dr. Kennedy. He was sure that the thanks of the meeting were due to those gentlemen for the very able and energetic manner in which they had exerted themselves. (Applause). As to their friend, Dr. Bayes, he was justly entitled to a foremost place among medical reformers. In fact, the high character of his work was shown by that very occasion, for in England every great work must either begin or end with a dinner—(laughter)—a method which certainly had the advantage of creating a cordial feeling among its promoters. No one among their brethren was more worthy of honour than Dr. Bayes. (Applause). When he (the speaker) first came to London, he called on Dr. Bayes who made him most welcome to his house, and gave him advice which had proved most valuable to him. He would not easily forget the hearty manner in which Dr. Bayes had extended to him the right hand of fellowship. There was no ill-will, no jealousy, nothing but kindness. (Loud cheers). Now, it was a delicate point to touch upon the great opposition which Dr. Bayes had encountered in a work for which he really deserved all praise. (Cheers). It had even been said that he had been seeking his own interest. ("No, no.") Well, that was a libel. (Loud cheers). There was an old saying that the more the moon shines the more the dogs bark. (Much laughter). Well, there could be no doubt that there had been some very loud barking here. He (the speaker) concluded by saying that he hoped the younger men in the profession would profit by the example Dr. Bayes had set them—(hear, hear)—and would follow it strenuously, energetically, and, he trusted, as successfully. (Applause).

Dr. BLACKLEY, in acknowledging the toast, said he could entirely bear out what had been remarked by Dr. Cooper as to the readiness of Dr. Bayes at all times to give the wisest advice and the kindest assistance to his younger brethren. He had himself gone to Dr. Bayes for advice, and had much reason to thank him for his wise and practical counsel.

Dr. KENNEDY also thanked the company for the kind and appreciative manner in which they had responded to the toast, and desired to add his testimony to the uniform kindness of Dr. Bayes in his position at the top of the professional tree to those of his brethren who were just ascending the lower branches.

Dr. MATHESON said that he could most cordially endorse all that had been said in favour of Dr. Bayes. He had for a long time been very closely associated with him, and, whatever some might have said, he could testify that if Dr. Bayes had any wickedness in him, he (Dr. Matheson) had never been able to discover it. But he rose at that late hour to propose the health of the Chairman, and to offer him the thanks of his brethren for his vivacity, his eloquence, and the powerful speech with which he had favoured them. The toast was honoured with enthusiasm.

Dr. POPE said he thanked them extremely for the cordiality of their toast. The proceedings that evening had given him sincere gratification, especially as he, as well as others, had felt that it would have been a lasting disgrace to them to have allowed Dr. Bayes to leave London without some slight token of their sense of the work he had accomplished, and an expression of the esteem in which he was held.

Thanks were then tendered by Dr. BURNETT to Lord Denbigh for his kindness in giving them the encouragement of his presence, and, after a few remarks from his lordship, the company dispersed.

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## NOTABILIA.

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### THE "TIMES" AND HOMŒOPATHY.

It will be within the recollection of our readers that in the *Times* of last Good Friday a letter appeared on the subject of homœopathy, displaying the usual amount of ignorance characteristic of its opponents and the ordinary misrepresentation of the motives and practice of those who acknowledge their faith in it, to which we have been so long accustomed. This letter was fully replied to by several homœopathic physicians in

the paper of the following day, and in that of Easter Monday. The *Times* correspondent, however, made certain charges against the character and *bona fides* of homœopathic physicians which the British Homœopathic Society felt ought to be met in an authoritative manner, and should not be merely left to be repudiated by individual practitioners, however well known and respected they might be.

At the first ordinary meeting of the society, which occurred after the publication of this correspondence (Thursday, May 5th,) Dr. Hamilton and Mr. Cameron moved for and obtained the appointment of a committee to draw up resolutions bearing upon this point to be submitted to an extraordinary meeting of the society. This latter meeting, at which an unusually large number of members attended, took place on the 12th ult. Of this the following report was drawn up and signed by the President and Secretary on behalf of the society, and by him sent to the *Times* for publication.

Its insertion was, we regret to state, REFUSED :—

“ An extraordinary meeting of the British Homœopathic Society—a society consisting exclusively of duly qualified and registered members of the medical profession—was held on Thursday the 12th inst. to receive the report of a committee appointed at the ordinary meeting on the 5th, to take into consideration certain passages in two letters published in the *Times* newspaper by “ a correspondent,” since the previous ordinary meeting, viz., on the 15th and 18th of April.

The following are the passages referred to :—

“ The regular practitioners maintain that there are no homœopaths, and that the whole system has died out some years ago. They maintain that those who now call themselves homœopaths do not differ from ordinary practitioners in anything but in making a profession of pursuing a particular method of treatment which as a fact they do not pursue, and that the question is not one of science at all, but simply one of morals. \* \* \* \* The followers of Hahnemann, on the other hand, have been content to seek a short cut to remunerative practice by ministering to the ignorant credulity of the vulgar rich.”

The following resolutions regarding these statements were agreed to *nem. con.* :—

“ That from the structure and wording of the letters referred to, it being evident that the writer is a medical man, the British Homœopathic Society deeply regrets that any member of the medical profession should have been found capable of so recklessly imputing dishonest conduct to his professional brethren as this correspondent has done.

"That the members of the British Homœopathic Society, while not feeling the occasion to be one on which they are called upon to defend the scientific character of their therapeutics, desire to protest against the statements contained in the foregoing extracts as utterly unfounded in fact and impossible of justification.

"Signed on behalf of the British Homœopathic Society,

"S. YELDHAM, President,

"RICHARD HUGHES, Hon. Sec."

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THE THIRD ANNUAL DRAMATIC PERFORMANCE  
IN AID OF THE FUNDS OF THE  
LONDON HOMŒOPATHIC HOSPITAL.

THIS Entertainment took place, on the 19th May, at St. George's Hall, before a distinguished and highly appreciative audience. At the last moment, we understand, it was found that the Princess Mary Adelaide, who had graciously intimated an intention to honour the performance with her presence, would be unable to be present; but, with this exception, the patrons of the hospital were represented. Any performance by the Amateur Company known as the "Thalians" is sure to be a histrionic success, and any effort for the good of the hospital, conducted under the auspices of the energetic Official Manager, is pretty certain to be satisfactory in its financial aspects. The performance commenced with a comediotta, by Herman Merivale, entitled "Six Months Ago," in which Ediom Bliss, the husband satiated by the monotony of love in a cottage—which, by the way, seemed a very charming cottage indeed—was capitally represented by Captain W. Conyers d'Arcy, and the pretty wife, whose affection and devotion begin to pall from lack of variety, was effectively represented by Mrs. Conyers d'Arcy. The languor and *non-chalance* of the husband, and the passionate jealousy of the beautiful wife, produced some very effective scenes. The *pièce-de-resistance* of the evening was the comedy of "Alone," by Palgrave Simpson and Herman Merivale, and a more touching story more touchingly rendered it has seldom fallen to our lot to see. Colonel Challice, a blind man, whose natural irascibility and acrimony, stimulated by his affliction, hide a warm and generous heart, and whose horror of the presence of woman—the result of the cruel elopement of his daughter when a school girl—hides a chivalrous tenderness to the sex, is discovered living in retirement, with no society but that of an irrespressible toady, Stratten Stranless, his medical

adviser, Dr. Michlethwaite, and Mrs. Thornton, the only woman who dares approach him, and the only person who really knows how to manage him. The plot is simple, but pathetic in the extreme. Mrs. Thornton, after much diplomacy, introduces, to read to the colonel, a young girl, Maud Trevor, whose sudden affection for him, and whose emotion in his presence soon discover her to be his exiled daughter. Her advent is almost contemporaneous with that of a Captain Cameron, the lover with whom she left school, and a series of very touching scenes and episodes follow; one of the most exciting being at the end of the second act, when the presence of Captain Cameron is accidentally discovered by the blind Colonel, who contrives to seize him, and is about to take revenge upon him when Mrs. Thornton, Dr. Micklethwaite and Stratten Straulless opportunely appear and prevent mischief. In the third act everything becomes clearer, especially the Colonel's eyesight, which is restored under the skilful treatment of Dr. Micklethwaite. It transpires that the escape of the Colonel's daughter from school was a plot of a wicked and jealous school-fellow, and the repudiation of her father, which exiled her for years, to have been quite unjust. Then follows a reconciliation, the utter discomfiture of Stratten Straulless, and a pretty love-scene between Mrs. Thornton and Dr. Micklethwaite, who of course marry. The acting of Mr. Fourdrinier, as Colonel Challice, seemed to us perfect, almost too painfully real in its faithful presentment of a terrible affliction. Captain Conyers d'Arcy was equally good as the genial, skilful, and kind-hearted physician. Miss Rosa Kenney displayed complete familiarity with stage business, and played her somewhat difficult *rôle* with good taste and adequate effect. Mrs. Conyers d'Arcy played with her usual *éclat* as the spirited, energetic, and self-willed Mrs. Thornton. The performance concluded with "A Husband in Clover," the husband being well played by Mr. H. Walliss, and the æsthetic and jealous wife, to the huge merriment of the audience, by Miss Lucy Roche. The band was composed of amateurs, under the direction of Mr. A. Dean. One of the features of the evening was the programme, printed in very old style, such a bill as may be seen in the British Museum, bearing the stiff announcements of "Mr. David Garrick" or "Mr. Quin." As to the pecuniary results, Mr. Alan E. Chambre, in the dual character of "Official Manager of the Hospital" and "Honorary Secretary and Treasurer of the 'Thalian' Amateur Company," announced that the proceeds of the evening amounted to £110, being £5 in advance of the proceeds of the performance in 1880, and £30 in advance of the proceeds in 1879, a statement which was received with cheers.

LIST OF SUBSCRIBERS TO THE INTERNATIONAL  
HOMŒOPATHIC CONVENTION.

	£	s.	d.		£	s.	d.
Dr. A. P. Anderson .....	1	1	0	Dr. Mackechnie .....	1	1	0
Dr. Bayes .....	2	2	0	Dr. Macintosh .....	1	1	0
Dr. Baynes .....	1	1	0	Dr. Mahony .....	1	1	0
Dr. William Bell .....	1	1	0	Dr. Mansell .....	1	1	0
Dr. Black .....	1	1	0	Dr. Markwick .....	1	1	0
Dr. Charles Blackley .....	1	1	0	Dr. Massy .....	1	1	0
Dr. Edward Blake .....	1	1	0	Dr. Matheson .....	1	1	0
Dr. J. G. Blake .....	1	1	0	Dr. Metcalfe .....	1	1	0
Dr. Blumberg .....	1	1	0	Dr. Millin .....	1	1	0
Dr. Blyth .....	1	1	0	Dr. John Moore .....	1	1	0
Dr. Bodman .....	1	1	0	Dr. Samuel Morgan .....	1	1	0
Dr. Bradshaw .....	1	1	0	Dr. Morrison .....	1	1	0
Dr. Brooks .....	1	1	0	Dr. H. Nankivell .....	1	1	0
Dr. Dyce Brown .....	1	1	0	Mr. J. H. Nankivell .....	1	1	0
Dr. Samuel Brown .....	1	1	0	Dr. Neild .....	1	1	0
Dr. Buck .....	1	1	0	Dr. Nicholson .....	1	1	0
Dr. Burnett .....	1	1	0	Mr. Norman .....	1	1	0
Dr. Burwood .....	1	1	0	Dr. Perkins .....	1	1	0
Dr. Butcher .....	1	1	0	Dr. Pope .....	1	1	0
Mr. Cameron .....	1	1	0	Dr. Prater .....	1	1	0
Dr. Carfrae .....	1	1	0	Dr. Proctor .....	1	1	0
Dr. Cash .....	1	1	0	Dr. Purdom .....	1	1	0
Dr. Chalmers .....	1	1	0	Dr. Ramsbotham .....	1	1	0
Dr. Clare .....	1	1	0	Mr. Reynolds .....	1	1	0
Dr. Clarke .....	1	1	0	Dr. E. B. Roche .....	1	1	0
Dr. A. Clifton .....	1	1	0	Dr. John Roche .....	1	1	0
Dr. George Clifton .....	1	1	0	Dr. Roth .....	1	1	0
Dr. Collins .....	1	1	0	Dr. Sandberg .....	1	1	0
Dr. Cooper .....	2	2	0	Dr. William Scott .....	1	1	0
Dr. Cronin .....	1	1	0	Dr. Scriven .....	1	1	0
Dr. Croucher .....	1	1	0	Dr. Shaw .....	1	1	0
Dr. Dixon .....	1	1	0	Mr. Charles K. Shaw .....	1	1	0
Dr. Drury .....	1	1	0	Dr. Shepherd .....	1	1	0
Dr. Drysdale .....	1	1	0	Dr. Shulldham .....	1	1	0
Dr. Dudgeon .....	1	1	0	Dr. Smart .....	5	5	0
Dr. W. Ford Edgelow .....	1	1	0	Dr. Stephens .....	1	1	0
Mr. Engall .....	1	1	0	Dr. Stiles .....	1	1	0
Dr. Epps .....	1	1	0	Dr. Stokes .....	1	1	0
Dr. Flint .....	1	1	0	Dr. Suss-Hahnemann .....	1	1	0
Dr. Galloway .....	1	1	0	Dr. Tuckey .....	1	1	0
Dr. Goldsbrough .....	1	1	0	Dr. Ussher .....	1	1	0
Dr. Gould .....	1	1	0	Dr. Wallace .....	1	1	0
Dr. Guinness .....	1	1	0	Dr. H. Wheeler .....	1	1	0
Dr. Hale .....	1	1	0	Dr. William Wheeler .....	1	1	0
Dr. E. Hall .....	1	1	0	Dr. Wielobycki .....	1	1	0
Dr. Hamilton .....	1	1	0	Dr. John Wilde .....	1	1	0
Dr. Harris .....	1	1	0	Dr. Percy Wilde .....	1	1	0
Dr. Hawkes .....	1	1	0	Dr. Albert Williams .....	1	1	0
Dr. Hayle .....	1	1	0	Dr. Eubulus Williams .....	1	1	0
Dr. Hayward .....	1	1	0	Dr. Neville Wood .....	1	1	0
Dr. Hewan .....	1	1	0	Mr. Thorold Wood .....	1	1	0
Dr. Hughes .....	1	1	0	Dr. Woodgates .....	1	1	0
Dr. Samuel Kennedy .....	1	1	0	Dr. George Wyld .....	1	1	0
Dr. William Kennedy .....	1	1	0	Dr. Yeldham .....	1	1	0
Dr. Ker .....	1	1	0	Messrs. Leath & Ross .....	5	5	0
Dr. M'Ilwraith .....	1	1	0				

### THE "LANCET" ON HOMŒOPATHY.

IN the *Lancet* of the 21st ult. appears a leading article divided into three sections, and entitled "The Fallacy of Homœopathy." We have received it too late to examine it closely this month, and notice it now merely to congratulate our contemporary on its change of tone in treating of this subject. Had homœopathy been discussed as it is in this article forty years ago, what our contemporary styles the "regrettable alienation and controversy," which have occurred, would never have been heard of. Almost for the first time in the history of allopathic medical journalism homœopathy is here discussed with a considerable amount of fairness—indeed, if we excepted the well-known article by the late Sir John Forbes in the *British and Foreign Medical Review*, and one in later years by Dr. Ross in *The Practitioner*, we might say that this was the *first* occasion in which homœopathy had met with fair play in an allopathic periodical.

The questions involved have been frequently discussed in this and other journals—indeed, the writer would seem to have taken his cue from an article in *The British Journal of Homœopathy* (vol. xxv.), by Dr. Madden on *contraria contrariis curantur*. We shall examine these points in our next number; meanwhile, we would observe that the principle of *similars* is one of drug *selection*, and by no means is it put forward as an explanation of drug action—in this light, notwithstanding a good deal of somewhat loosely-expressed writing, it has ever been understood.

Secondly—All experience shows that it is perfectly possible to predict the *usus in morbis* of a drug from a knowledge of its effects on health *alone*—when the principle of similars is made use of in directing the prediction.

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### ANNUAL MEETING OF THE GOVERNORS AND SUBSCRIBERS OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE annual meeting of the friends of this institution took place in the board room of the Hospital on the 30th of May, the Right Hon. Lord Ebury occupying the chair. The report, which was in every way eminently satisfactory, was adopted, and various resolutions were passed. We regret that the pressure upon our space this month prevents our doing more than mention this meeting. We hope to be able to give full details in our next.

## PERAMBULATORS.

A PAPER read to the Philadelphia Medical Society by Dr. Henry Smith (*Phil. Med. Times*, January 15th), on "The Injurious Effects of the Constant Use of Baby-Carriages and Bicycles on the Physical Development of the Young," calls attention to a very important subject. No one can traverse the streets in our own country without observing how gross is the abuse of the perambulator, and that not only for the reason assigned by Dr. Smith in relation to the very young, but also because it is becoming a substitute for proper exercise on the part of older children, and an encouragement to the laziness and neglect of those who have charge over them. Children perfectly well able to use their limbs for healthy progression are kept for long periods in a semi-recumbent posture, and an indisposition to exertion encouraged. One can understand the convenience of the machine for conveying them to a spot where they may alight and romp about; but in too many cases the ride in the perambulator is the only exercise they obtain, and is of course of little or no use to them, even when it is not mischievous owing to faulty position and a lowered temperature. The point to which Dr. Smith especially calls attention is the prevention of the due development of the muscles which are to provide for the infant's erect position.

"As the power of every muscle is increased by its exercise, it is an important point in the physical development of children that this fact (muscular action in the erect posture) should be impressed on those who control or direct physical education, especially in infancy. When a child lies down, as it usually does in a baby-carriage during infancy, it reposes upon an extended base, and, as the force of gravity is barely felt by it, the muscles of the spine remain nearly at rest. When a child sits up, most of its spinal erector muscles are in action, though varying in intensity. The vertical position, or that in which an infant sits on its nurse's arm when carried, necessitates a balancing of the head and upper extremities upon the infant's pelvis, with alternate action of the erector spinæ muscles and those of the abdomen that flex the spine by bringing the thorax towards the pelvis, as well as of those which cause a bending sideways or give the lateral motion to the body, as the quadratus lumborum and psoas magnus muscles. Hence, when a child is carried on the arm, its exercise in preserving its balance or equilibrium prepares its muscles for the more steady action demanded of them subsequently in creeping, or more especially in walking. A child that is carried is therefore being constantly educated or trained in balancing its head and shoulders, whilst the abdominal muscles, which here act as flexors of the spine, also compress the liver and other abdominal viscera, and aid the

peristaltic action of the bowels, as well as the action of respiration. In addition to this, such infants are sooner able to sit alone, and creep or walk more vigorously, than those who, in the continued supine posture of the baby-carriage, fail to receive this muscular exercise. . . . Another evil liable to ensue from the constant use of the baby-carriage is the jarring and concussion of the delicate brain and spinal cord of the infant, created by bouncing the carriage over gutters or up and down the kerbstones."—*Medical Times and Gazette*.

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### ALLOPATHIC PROVING OF IODINE IN GOITRE.

THE following striking passage occurs in Dr. Tanner's *Practice of Medicine*, vol. I. p. 187. (Sixth edition, 1869):—

"M. Chatin mentions that in Savoy there are two villages, divided from each other only by a narrow ravine. Both villages stand on rock and soil of the same nature, their elevation is the same, and they seem subjected to the same influences. But in *one goitre prevails*, while in the other it is unknown; in the *first*, the water supplying it contains a trace of *iodine*; in the second, there is no *iodine* in the water."

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### BRITISH HOMŒOPATHIC SOCIETY.

THE Ninth Ordinary Meeting of the present Session will be held on Thursday, June 2nd, 1881, at seven o'clock. At eight o'clock, Dr. HALE, of London, will exhibit a specimen of Perforating Ulcer of the Duodenum; and a paper will be read by Mr. MABERLY, late of Melbourne, entitled, *Reminiscences of Australian Practice*. The Annual Assembly is announced to be held this year on the 22nd and 23rd of June.

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### EXTRACTING TEETH WITHOUT CONSENT.

A NEW branch of burglary has been opened in Chicago. A young lady went to a dentist's shop to have five teeth extracted. Having put her under the influence of gas, he drew fifteen teeth from her upper jaw. She sued him for damages, he pleading that the teeth all needed pulling out. She denied this, but as the dentist had the teeth she could not prove her case, and the dentist would not produce them in court. Therefore the jury, evidently thinking that the dentist knew better than the young

woman whether her teeth needed pulling out or not, disagreed, and she could not recover. Hers, it appears, was not the only instance. Several young persons had been subjected to the same involuntary dental bereavement in the same establishment, with a view to compelling the victims to buy false teeth.—*New York Med. Record*, April 80.

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## CORRESPONDENCE.

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### INTERNATIONAL HOMŒOPATHIC CONVENTION.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—I have addressed the subjoined letter to several of the leading homœopathic journals in the United States. I would ask you to allow me to bring it under the notice of our colleagues at home, from whom also I shall be glad to receive names of subscribers.

As, moreover, it is possible (though not, I think, probable) that the subscription list may fail to cover the total cost of publishing our Transactions, it is thought well that a Guarantee Fund should be instituted, to provide for this eventuality. Such a fund was proposed by Dr. Bayes in regard of the expenses of the meetings, and some names were given for it. This is found unnecessary; but I shall be pleased to hear that the same sums may be reckoned upon for the Transactions, and that others will come forward to secure against pecuniary loss those who are responsible for the issue of them.

All communications on this subject should be addressed to me.

I am, Gentlemen,

Yours very faithfully,

RICHARD HUGHES.

86, Sillwood Road, Brighton,  
May 16th, 1881.

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*To the Editor of the—*

When the International Convention, now about to be held, was first planned, it was a serious question how to provide for the expense of publishing its Transactions. I wrote upon the subject to the lamented President of the first Convention, Dr. Carroll Dunham, and the following is a portion of his reply:—

“ As to the question you put concerning the means of meeting the cost of publishing the Transactions of 1881, I reply, without hesitation, that it would be eminently proper to ask a subscription that would be sure to fully cover the cost of the volume, from every individual who desires a copy.

“ As you justly remark, it was quite different with us. There could have been no expectation of more than a handful of delegates from abroad. The expenses must of necessity be borne by ourselves, and we could easily do it by means of our numbers. To make it sure, we resolved the Institute into the Convention, for the purpose, not only of using its machinery, but of having also at command its yearly income, since the Convention Transactions would take the place of the Institute volume. You have, I believe, nothing which in these respects corresponds to the Institute. Moreover, I hope—as you do—that from America and the Continent of Europe there may come as many delegates as England herself can furnish, and the meeting may be a ‘World’s Convention’ not simply by virtue of papers and reports, but through the coming together of representative men. Do not determine *too soon* the *amount* to be asked for the volume, lest you get it below cost. The expenses of the meeting and incidentals will be all that Britain could reasonably be asked to furnish, and these may amount to a considerable sum.”

In accordance with these views, it was determined, as part of our scheme of working, “that the expenses of printing the Transactions be defrayed by a subscription from all who desire to possess a copy of the volume.” A subscription list will be opened at the meeting, for those who are able to attend; but for the many who must perforce be absent, but who would like to support us, and give themselves the advantage of possessing our Transactions, I ask of your courtesy the admission of this letter. I shall be glad to receive the names and addresses of subscribers as soon as possible, that the total number on whom we can count may be known. The exact cost of the volume cannot be reckoned till then, but it is not likely to exceed ten shillings of our money; and it will probably contain between 600 and 700 pages of matter.

I am,

Yours very faithfully,

RICHARD HUGHES,

*President-elect.*

86, Sillwood Road, Brighton,

May 12th, 1881.

## NOTICES TO CORRESPONDENTS.

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••• *We cannot undertake to return rejected manuscripts.*

Contributors and Correspondents are requested to notice the alteration in the address of one of the Editors of this *Review*.

Dr. BLAKE's pamphlet will be noticed in our next, our space being over-filled this month. The subject of Dr. BERRIDGE's letter being disposed of last month, we deem it unnecessary to re-open it.

Communications, &c., have been received from Dr. E. BLAKE (London); Dr. MASSY (Redhill); Dr. BAYES (Brighton); Mr. CHAMBER (London); Mr. CROSS (London); Dr. A. KENNEDY (Blackheath); Mr. MARSHALL (New Cross); Dr. BERRIDGE (London).

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## BOOKS RECEIVED.

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*A Guide to the Clinical Examination of Patients, and the Diagnosis of Disease.* By Richard Hagen, M.D. Translated by G. E. Gramm, M.D. New York: Boëricke & Tafel.

*Sewage Poisoning, its Causes and Cure.* By Edward T. Blake, M.D. Second Edition. E. and F. N. Spon.

*A Statistical Report of Two hundred and fifty-two Cases of Inebriety.* By Lewis D. Mason, M.D.

*Constitution, Bye-laws, and List of Members of the Boston Homœopathic Medical Society.* 1881.

*The Chemist and Druggist.*

*Monthly Magazine of Pharmacy.*

*Homœopathic World.*

*North American Journal of Homœopathy.*

*New England Medical Gazette.*

*The American Observer.*

*The United States Medical Investigator.*

*The New York Medical Times.*

*The Medical Call.*

*The Medical Advance.*

*Bulletin de la Soc. Méd. de France.*

*Bibliothèque Homœopathique.*

*L'Art Medical.*

*Revue Homœopathique Belge.*

*Allgemeine Homöopathische Zeitung.*

*Homöopathische Rundschau.*

*El Criterio Medico.*

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPP, 21, Henrietta Street, Cavendish Square, W., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE *LANCET* AND HOMŒOPATHY.

ALL things come to him who waits. This is a proverb which is often quoted now-a-days, and it might well be the motto for homœopaths to adopt. It is the history of all great truths, and of those especially which have ultimately received the most universal reception, that they have in their early days met with vehement opposition. Those who know that they are really truths can afford to wait complacently, even though they may not at the time relish the consequences which adhesion to an unpopular creed may entail. So it is with homœopathy. The opposition it has so long met with from the hands of those who ought to know better, though unpleasant at the time in its personal consequences, must die out. We have only to wait patiently, hold on our way, and not be tempted to swerve from our faith, to find ourselves victorious, and our maligned doctrines admitted as truth by those very men who have done their best to stamp them out. We have for some years back had at intervals to notice with satisfaction unmistakable signs of the dawn appearing after the long dreary night of allopathic domination; we have seen men

in position in the profession adopting our views and treatment openly, provided it can be done without saying that such are homœopathic views and treatment, and we *know* that there is much more of the leaven of homœopathy quietly leavening the whole of the old school, in the case of men who do not come to the front, than is generally believed to exist. Many have of late years been quietly buying our books, and practising accordingly, or asking the aid of those who already know homœopathy, what are its doctrines, and how they may best become acquainted with its practice. Such a state of matters is pregnant with meaning for the future, and we have rejoiced to watch the progress of the truth, albeit in this secret manner. We feel as certain as we can be of anything in this world, that the general and authoritative adoption of homœopathy as the great rule of treatment is only a question of time, while we amuse ourselves by speculating how long it will be before this consummation shall arrive. We were, however, hardly prepared for the remarkable article which appeared from the editorial pen of the *Lancet*, on May 21, 1881. The *Lancet* has been hitherto known as the type of uncompromising opposition to homœopathy, to those who practise it, and to anything savouring, openly at least, of the "accursed thing." Our surprise, then, was only equalled by our pleasure when we read this article. We think we are not wrong in saying that it is the first article in that journal since homœopathy has been discussed, in which the subject has been dealt with in a fair, courteous, and argumentative manner. It is a new thing to hear ourselves spoken of as the "honest and intelligent thinkers now connected with the homœopathic school," and we are thankful for small mercies!

But let us look more closely at this article in the *Lancet*. The editor begins as follows:—"In the course of the

recent controversy arising out of consideration of ethical propriety in regard to the consultations of orthodox professors of scientific medicine with actual or reputed homœopathists, nothing has so much surprised us as the inexplicable ignorance which prevails, not only throughout the lay community, but among medical men, as to the nature and effect of 'homœopathy' and 'allopathy' as medical theories." Such are precisely our sentiments, and we have expressed, till we are almost tired of doing it, our surprise that in this nineteenth century the majority of the medical profession—a profession supposed to be liberal, and whose very *raison d'être* is the cure of disease, should manifest, and this without the least shame, such profound ignorance of what homœopathy even means, as we know is the case, and as the editor of the *Lancet* admits with astonishment. However, it is never too late to mend, and so the *Lancet* proceeds to explain to its readers what homœopathy means. Nothing like beginning at the A B C. The explanation is a very correct one, and so we quote it, that our readers may see that the editor can afford for once not to misrepresent the doctrines of Hahnemann. "The homœopathist says, 'I select a drug which if given in a large dose to a healthy person would produce symptoms like those of the case I am seeking to cure, and I give this drug, when found, in a small dose.' The ordinary practitioner asks, 'Why do you not give it in a large dose?' The homœopathist replies, 'Because it would increase the symptoms I desire to remedy.' In short, the homœopathist avoids the dose in which the remedy he selects is homœopathic to the disease, and gives it in a smaller dose." And here comes in the gist of the article. The editor fancies he has made a discovery, which shall henceforth be the finishing blow to "homœopathy." This discovery is what is popularly known as a "mare's nest."

His argument is that there is a great "fallacy" in homœopathy, the fallacy being as follows :—The symptoms produced by the large dose in health are those which are *similar* to the symptoms of disease, or homœopathic to them ; the dose given to cure is a dose less than will produce those symptoms (in case of aggravation), and as we know that the effects of the large and small dose are precisely the reverse of one another, the small dose cures by producing the reverse effect of the large one, or the reverse effect of the disease symptoms. *Ergo*, this is not homœopathy, since it is the large dose which is similar or homœopathic to the disease, and not the small one, which is its opposite ! In other words, the curative or small dose, really acts on the principle of *contraria*, while the large dose is the *simile* to the disease. The editor concludes the second section of his article thus : "Our immediate purpose is to demonstrate that the homœopath does *not* give his drug on homœopathic principles, and cannot claim it as homœopathic, because he employs it in doses which do not produce effects like, but widely *unlike*, the symptoms of the disease he seeks to cure. It follows that, so far as the *action* of remedies is concerned, homœopathy is a misnomer, and involves a fallacy." All this "fallacy," then, is in the name. Well might we quote the poet, "What's in a name?" Homœopathy, by any other name (provided it is an equally good one), would smell as sweet ; and if the editor prefers to follow an American brother, who having recently "discovered" the truth of homœopathy, and the necessity for giving the small dose, announces it as a new system, under the name of "micropathy,"—well and good ; *we* prefer the good old name of homœopathy, as expressing in a word all we intend to teach, and as, moreover, being strictly correct. Is not a drug, which can not only produce

symptoms similar to the disease, but can also cure it by virtue of this very relation of similarity, "homœopathic" to the disease in the fullest sense? "Homœopathy" means nothing, if it does not mean that the drug has a curative, as well as a pathogenetic relation to the disease. The mere fact that drugs will produce disease, has been known for generations, and what necessity would there have been for any word at all to express this fact? It was only when Hahnemann discovered that disease and drugs had this uniform double relation, and announced his system of treatment based on this relation, that a word became necessary to express it, and whether the small or curative dose acts after the manner of *contraria* or not, "homœopathy" expresses better than any other word invented, the great fact of the *curative* relation to disease which a drug possesses, which can produce a similar state in health when administered in a large dose. It expresses concisely that the remedial drug is to be sought for in one that can produce this similar state of disease. And for the editor of the *Lancet* to argue in sober sense that therefore "homœopathy is a misnomer, and involves a fallacy," is mere childish play on words, while the main question of the truth of the facts is at issue. "We shall be curious," the editor of the *Lancet* adds, "to see how the homœopaths attempt to answer this objection." We have just expressed our contempt for the "objection" as an argument against the correctness of the word "homœopathy." But on the interesting question of how the minute dose of a homœopathic medicine acts, we have no reply to give to the "objection" (if it is one) of the *contraria* action of the minute dose, than that we entirely agree with the editor's explanation. We are, however, sorry to rob him of the notion that this explanation is a novel one, and consequently of his being the hero who first gave the homœo-

paths the correct notion of how their own remedies act. But truth must be adhered to, at the risk of offending the fine feelings of the editor of the *Lancet*. If he will take the trouble to refer to the work on Pathology, published in Edinburgh in 1842, by the distinguished FLETCHER—a work far in advance of its day, he will find him, when discussing the theory of the action of homœopathic remedies, saying: “They cure, not by the stronger, but by the opposite impression which they make; so that homœopathic medicines, after all, operate on the antipathic principle.” Dr. DUDGEON, in his able lectures on “The Theory and Practice of Homœopathy,” delivered in 1851, and published in 1852, expresses his belief in the same views. Thus (p. 111) he says: “Whilst this (the law of similars) expresses only the rule for the selection of the remedy, the actual curative process is rather *contraria contrariis*, for the impression we effect with our remedial agent is the opposite of the existing condition of the diseased part.” Since then, and especially in the last few years, this view has been strongly advocated by MADDEN, SHARP, and other writers in our journals, and is adopted by the majority of homœopaths as the probably correct explanation of the *modus operandi* of the small dose. If, therefore, the editor of the *Lancet*, while deploring the “inexplicable ignorance” which prevails regarding homœopathy, had but taken the trouble to look up our journals for the last ten years, he would have found his “argument” actually stated by ourselves and adopted. We are sincerely glad that the subject of the action of homœopathic remedies is beginning to be so far understood, that now there will be no excuse for ignorance on these points.

Having now disposed of the main argument of the *Lancet* article, and found that instead of having to stand on the defensive, we can peacefully smile at the

mare's nest which the editor has discovered, let us take up some details in the article, and make a few running comments thereon, in the way of agreement with some, and correction of others.

After the passage we quoted in the early part of this paper, the editor goes on, "Now every one knows that the 'effects' of medicines differ with the doses in which they are exhibited, giving rise to symptoms which are seemingly contradictory in large and small doses respectively." It is certainly most satisfactory to hear from this authority that "now every one knows" this fact. We shall not ask how long ago it was that no one knew it, except homœopaths, or what were the grave looks assumed at Dr. Ross' articles in the *Practitioner*, when he, a couple of years ago, ventured to state that medicines had a double action. The editor proceeds, "It follows that the so-called homœopath does not practise on the principle *similia similibus curantur* (or *curentur*). He only resorts to the principle embodied in that aphorism in selecting his drug, and by so doing goes a roundabout way to discover the remedy, which lies close at hand, and which the 'allopath,' if there were allopaths (or anti-paths) might claim as acting on the principle *contraria contrariis curantur*." Perhaps the editor will kindly favour us with a dissertation on the interesting difference between "tweedledum" and "tweedledee." If a man selects the remedy for the cure of disease on a definitive and stated principle, he may surely, without much stretch of imagination or metaphorical language, be said to practise on this principle. The homœopath who practises on the principle of *similia*, instead of adopting a roundabout method for discovering his remedy, takes the shortest cut to that end that we have ever heard of. Find out the symptoms produced by a large dose of a remedy on the

healthy body, and if these resemble any known ailment, why there you are. What could be simpler and less roundabout than this?

But the joke becomes immense when the editor tells us that while the homœopaths take this roundabout mode of arriving at the proper remedy, it actually "lies close at hand" to the allopath, and that he might claim it as his own *if he liked*. We are sure he must feel under deep obligations to the *Lancet* for informing him of this fact, for until now, not only did he not know that he was in such near proximity to homœopathy, but if *we* had told him any such wholesome truths, he would have vehemently denied the soft impeachment, and as it is, he not only would do anything rather than seem to touch the unclean thing, but cuts his professional brethren who have found the jewel and prize it, and in fact, as the editor of the *Lancet* admits with surprise, he is in "inexplicable ignorance" of the whole thing. The editor of the *Lancet* in this paragraph is really too severe on the feelings of his *confrères* in thus informing them that, after all, the hated homœopathic remedy is close to their hand, and that they may claim it as their own if they like, and this after so many years of virulent abuse of this very system. We feel inclined to give the *Lancet* that excellent advice which Major Wellington de Boots gave to the gentleman who chastised him, "Next time you want to pull a gentleman's nose, *draw it mild*."

The editor of the *Lancet* next proceeds to give illustrations of the double action of medicines, that is, of the cure, by small doses, of symptoms similar to those produced by large doses. His choice is excellent, and we have no need to supplement it. He names *aconite*, *nux vomica*, *alcohol*, *ipecacuanha*, *opium*, cathartics and constipators (if we may coin such a word); and yet, with these important admis-

sions, he takes to task the homœopath who "claims these as homœopathic remedies," on the ground that "he seeks to convict the ordinary practitioner of medicine because he, too, recommends it." There would be no "conviction" in the matter, if the opposition to this very system of treatment which the *Lancet* here illustrates and approves of, were not carried on to the point of "Boycotting;" but we do "convict" any man of the old school of practising homœopathy, if he gives one of the above-named remedies, or any other in small doses to cure a state of disease resembling the effects of large doses of the same drug. We have frequently had occasion thus to "convict" of homœopathy RINGER, PHILLIPS, BARTHOLOW, WOOD, LEARED, THOROWGOOD, MURRELL, and many others, and we shall continue to do so till the necessity for such "conviction" disappears in the general acknowledgment of the homœopathic system of treatment. But, it may be asked, how does the editor of the *Lancet* get out of the difficulty, if he accepts such treatment as correct and scientific, and yet objects to being "convicted" of homœopathy. He says "scientific explanations of the way in which these apparently contradictory effects are produced by the same drug in different doses are ready to hand, but they have no place in this argument." And yet, only a few sentences before, he says, "Now, how do *nux vomica*, and its preparations, act in small doses? Why, as tonics to the muscular system. In short, the natural effects of a drug which is a powerful excitant when given in large doses, is that of a gentle and restorative or strength-giving stimulant in small doses;" and of *ipêcacuanha* he says, "a large dose of *ipêcacuanha* will produce vomiting, while a small dose will act gently, and restore the tone of the organ, thus allaying vomiting." So the late ANSTIE, when reviewing in the *Practitioner* RINGER's first edition, said that *ipêcacuanha*

did not thus act homœopathically, but as a "tonic to the vaso-motor nerves of the stomach." Surely, here are would-be "scientific explanations," which the editor has just told us had no place in his argument, and we quite agree with him. Such explanations involve theory; they may be right or wrong, but right or wrong, they are mere blinds when put forth in reply to the question of the truth of the law of similars. The real point is, Do medicines which produce certain marked symptoms when given to a healthy person in large doses, cure similar symptoms of disease in small doses? If they do, then homœopathy, and its guiding law are true. We may theorise as we please as to the mode of action of the small dose, but such theories in no way alter the fact which we have all along contended for, and which the *Lancet* at length admits as true, that medicines do have this double relation of producing and curing disease. Let us have no more of such misleading explanations, *unless* they are given out simultaneously with the full admission of the facts they are intended to explain.

In the 3rd section of the article, the *Lancet* commences, "We shall be curious to see how the homœopathists attempt to answer this objection. If they are honest men, they must confess that we are right, and that the homœopathy of their system concerns only the mode of selecting drugs, *not* their action." The gauntlet thus thrown down was taken up by Drs. DUDGEON, NANKIVELL, and DYCE BROWN, whose letters were inserted on June 11th, three weeks after the publication of the *Lancet* article. They all agree, and we believe, reflect the views of homœopathic practitioners in general, in repeating what is to be found over and over again in our journals, that the aphorism, *similia similibus curantur*, "is simply a guide to the selection of the medicine," or as the *Lancet* very correctly puts it, "concerns only the mode of selecting drugs, not

the action." Here is its great value. It only states a fact, leaving theory as to the explanation of facts as a matter of secondary importance, one on which difference of opinion may and does exist.

"Should they take this ground," says the editor, "we shall then have to show that it, too, is untenable, because the selection of a drug by an inverse process of induction from its supposed effects can never be a sure or safe guide to its use." It will be very difficult for the editor to "show" this. It is, in fact, purely a matter for experiment. Try if it is a sure and safe guide, and each one can and must do this for himself. Homœopaths have done so, and find daily increasing evidence that it is a very sure and safe guide. Argument on this point without experiment is useless.

"Moreover," he proceeds, "it is unscientific to speak of a drug as producing 'effects' or 'symptoms' on the organism. In studying the properties of a medicine, it is always tried on the healthy, and the student of therapy knows well that there is nothing mysterious in the seemingly contradictory effects of different doses of the same substance, seeing that the so-called 'effects' of a drug are the changes of state or modification of function which take place in the organism under its influence or with its aid. The effects are not located in the drug! (*sic*) Before we can predict any property of a drug, we must take into account the properties of the organic state and functions with which it is brought into relation." Now, this is mere child's play—the *ex cathedra* enunciation of truisms. Who ever said that the effects of a drug were located in it? or that they will produce these "effects" without coming into contact with the tissues of the body? It is perfectly scientific to speak of a drug producing effects or symptoms, and to deny this is a mere perversion of

language. If a man takes an ounce of *ippecacuanha* wine, and he forthwith vomits, is any one so left to himself as to say that it is unscientific to state that the vomiting is the effect of the *ippecacuanha*? If such is science, save us from it. In the paragraph just quoted, it will be observed that the *Lancet* says that "in studying the properties of a medicine, it is always tried on the healthy." This statement will rather astonish our readers. This plan is always adopted in homœopathy, and is one of the essentials of a valuable *Materia Medica*, but while the allopaths now-a-days admit that this is necessary, the great cry is that it is not done, and still remains the great *desideratum*, accounting, in a great measure, in Dr. ANDREW CLARK'S opinion, for the backward state of old-school therapeutics. "It follows," proceeds the *Lancet*, "that the only *rational* way to try a drug is first in health and then in disease." Precisely so. We are here fully at one. But we join issue with him in his next sentences: "In short, it is not possible to predict the 'effect' which will follow its use until we have actually tested it, first on a healthy and then on a morbid organism. The practice of selecting remedies on any principle or theory of their mode of action in health alone, is manifestly an affectation of the impracticable." We maintain that it is not only possible thus to predict the curative action of a drug when once we know its effects in health, but it is constantly done by us. And this is one of the chief charms of homœopathy. Given the effects of any new drug in health, and we shall tell for what it will do in disease. We do not waste time and energy in trying a drug in every conceivable form of disease till the right path is hit upon, but we go straight to our point, and give the drug in a case where symptoms similar to the pathogenetic effects of the drug are present, and we know what will be the result.

In such a way, Hahnemann was able to predict what would

be the best remedies for cholera, before he had seen a single case. In such a way, of late years, we have been able to “predict” that *apomorphia* would prove a most valuable remedy in sickness; that *chloral* would cure urticaria, &c., and that *jaborandi* would benefit the night-sweats of phthisis; all which “predictions” were fulfilled as we knew they would be.

The editor of the *Lancet* then concludes as follows, “We venture to suggest for the consideration of honest and intelligent thinkers now connected with the homœopathic school, whether a recognition of the truth of our reasoning, and a consequent repudiation of the errors exposed, would not afford a timely occasion for reconciliation with the medical profession, on grounds welcome to both parties in this regrettable alienation and controversy.” We have agreed with the editor in many points; there have been no errors exposed, and consequently none to repudiate, and we shall be delighted to assist in healing the professional breach “on grounds welcome to both parties.” But, unfortunately, the right hand of friendship thus offered is soon withdrawn. The editor, we presume, has found that he has gone too far for the tastes of his subscribers, who cannot swallow this homœopathic pill so easily as he has done. The trades-union will not allow it. So, in the *Lancet* of June 11th, the same number in which the three replies are inserted, we find the following precious editorial remarks, which we must quote entire:—

“ ‘HOMŒOPATHIC REMEDIES’ DO NOT ACT  
HOMŒOPATHICALLY.

“The medical profession and the public will be interested to learn, on the highest authority, that homœopaths do not themselves believe that what are called ‘homœopathic remedies’ act *homœopathically*. It seems that no homœopathist has of late years even pretended that the drugs he employs cure disease on the principle *similia similibus curantur*! This dogma is simply a statement of the so-called ‘principle’ on which the homœopathist selects his remedies. This is obviously a minor consideration, and one in which the public has little, if any, interest. What the patients of homœopathic practitioners expect

from these gentlemen, and fee them for, is 'homœopathic treatment.' It is a matter of perfect indifference to the sick man or his friends how the physician *selects* his drugs. The only practical question is how he treats his cases, and in what manner the drugs act. Having elicited a frank confession of the facts as to the action of drugs, we can only appeal to honest men still connected with this so-called 'homœopathic school,' to abandon openly a position which they admit does not exist, and which is, therefore, only a name—full of meaning to the lay public, but of no significance to themselves. We do not wish to speak strongly on the subject, but it is certainly the reverse of candid to retain a name which means nothing and deludes the public. With the publication of the letters, which appear in another column, the discussion must end. The truth is now at length before our readers on the admission of leading homœopaths, and the only possible inferences are writ large and plain."

What shall we say of this precious paragraph? After the original article of the editor, which we have criticised in this paper, and the replies by Drs. DUDGEON, NANKIVELL, and DYCE BROWN, we should fancy that the adherents of the old school must consider such remarks a piece of sheer impertinence. They are so utterly ridiculous that the subscribers to the *Lancet* must be of different mental calibre to what is generally supposed, if they are taken in by them, or are considered by them as other than insane. They will not bear sober argument. The best reply to them is to print them entire, as we have done, and leave them. Patients will hear with astonishment that the *Lancet* consider them such idiots as to believe that it is a matter of indifference to them or their friends how the physician selects his drugs.

For ourselves, we can hardly believe that the writer of the first article is the author of these last observations. They are probably the result of a trades-union conclave, and we regret to find that such a conclusion of an all-important subject should be possible in the year of grace, 1881.

The editor of the *Lancet* cannot now recall his first article, or suppress the replies. They will bear their fruit, and we are quite ready to wait as complacently as we have ever done.

## ON PHYTOLACCA.\*

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THE *Phytolacca decandra*, belonging to the natural order *Phytolaccaceæ*, is a plant some six to nine feet high, found in the United States of America and also in the South of Europe and in the Barbary States. The parts used in medicine are the roots and the berries, of which the latter would seem to be the more active in medicinal properties. The root is large, often exceeding a man's leg in thickness, and covered with a brownish bark. The berries when young are greenish, but become purple after ripening. The period of flowering is autumn.

All our knowledge of the action of this plant is derived from provings made by our American colleagues, and from cases of poisoning which have occurred in the United States. It was introduced into medicine, I believe, by that indefatigable student of Materia Medica, Dr. E. M. Hale of Chicago. It is a drug which appears to have been exceptionally well proved on the human subject, exhibiting an action of a very powerful character, and giving rise to morbid conditions of considerable importance. Nevertheless, it has not, at any rate in England, been studied with the care necessary to that frequent use, which might, I think, be advantageously made of it.

It is a traditional remedy in the Western States of America in many chronic diseases among human beings, and also in inflammation of the udders in mares and cows.

The cases of poisoning, and the various experiments *in corpore sano* which have been made with it, show that it influences the cerebro-spinal system, the mucous membrane of the gastro-intestinal tract, and slightly that of the respiratory organs, the skin, periosteum, and glands, while it also irritates to some extent the male sexual organs.

How widely its influence extends, and how various the tissues it irritates, this brief summary will show you.

It is essentially a tissue-irritant. Violent as is its action on the stomach and intestines, severe as are the pain and vomiting it excites, little or no active fever is produced by it. With small doses there is some slight increase of heat, but when the quantity taken has been

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considerable, coldness, prostration, and more or less profuse perspiration manifest the profoundly depressing influence it has upon the organism.

The most striking effects to which it gives rise consist of inflammation in the throat, stomach, and intestines, convulsions of a tetanic character, and a peculiar, severe, and enduring inflammation of the skin.

In going now more into detail, I will first of all describe the kind of headache which characterises the general action of *phytolacca*.

With a marked indifference to ordinary sources of interest, there are vertigo—generally associated with nausea—a dull heavy feeling in the head, with sickness, a sore pain in the head, especially in the temporal region, a sensation of soreness in the interior of the head. A dull heavy pain in the forehead is described by the prover, Dr. Burt, as being a constant symptom. Dull pressing pain in the forehead, accompanied by slight nausea, with cool perspiration on the forehead and slight nausea. One sided pain just above the eyebrows, with sickness of the stomach; pressure on the temples and constrictive feeling at the precordia, like the sensation that precedes seasickness; pressure and bruised sensation at the top of the head; dull bruised pain at the occiput.

These symptoms are such as have marked not one case of poisoning, or one set of experiments, but they recur repeatedly in the analysis of numerous cases or experiments. They show, I think, clearly enough, the intimate connection of the headache with the gastric derangement the drug produces, to which I shall draw your attention presently. It is a reflected, a sympathetic headache, not one dependent upon a primarily disturbed state of the brain or its meninges.

Hence you will often find *phytolacca* to be indicated and consequently useful in the treatment of that too often intractable disorder known as sick-headache.

Before passing to the action of *phytolacca* on the throat, I will briefly describe its influence upon the eyes.

The sunken appearance of the eyeballs and the livid circles around them, are part and parcel of the general constitutional disturbance—one of the indications of general prostration, and have no strictly local significance. But beyond this we find a sense of smarting in the eyeballs, a

feeling as if sand or grit were between the lid and the ball. The eyes ache, and are sore.

These symptoms reflect a certain degree of catarrhal inflammation. The tarsi are more distinctly inflamed. Thus, in one man 24 years of age poisoned by eating the grated root in mistake for horseradish, the lids felt as if granulated, and the tarsal edges had a scalded hot feeling as if they were raw. In another instance, the eyelids were agglutinated and œdematous for two days. The eyelids are also described as being sore.

Drs. Allen and Norton of the New York Ophthalmic Hospital say that *phytolacca* has been employed with some success in ameliorating, if not curing such malignant ulcers of the lids as lupus epithelioma, &c. As an illustration they refer to a case of suppurative choroiditis (panophthalmitis) which occurred in the clinique of Dr. Liebold, in the right eye of a child after a needle operation for cataract. The lids were enormously swollen, very hard and red, the conjunctiva was chemosed, the anterior chamber filled with pus, and the cornea was tending towards suppuration, the child pale, weak and restless. *Phytolacca* externally and internally was given with marked relief, the inflammatory symptoms rapidly subsiding under its employment.

Further still, we find that *phytolacca* gives rise to considerable lachrymation, and in the case of poisoning referred to just now, when agglutination of the eyelids occurred, there was also a disturbance of vision. Not only two, but four and five reduplications of an object were apparent; the objects whether double, triple, or otherwise, were in the same horizontal plane; the diplopia grew worse in the evening, and again three or four reduplications were visible on the following day; similar symptoms recurred on each of the two following days. In other cases we find vision to be obscure and light to be painful.

The catarrhal like state, which we have seen *phytolacca* to produce in the conjunctiva, is also manifested in the Schneiderian membrane. Fluent coryza, nasal obstruction, and a tickling sensation in the nostrils have frequently been noticed. One prover describes the following group of symptoms, showing the continuity of irritation. "He first felt a burning sensation in the nose, then dryness in the throat, which was soon followed by soreness; then a watery

discharge from the nostrils, which increased until the nose became stuffed."

The tongue is coated white, or is yellow and dry and swollen—the tip is red, and there is much pain at the root of the tongue, extending down the fauces. The soft palate and tonsils are swollen and congested; small ulcers are noticed on the inside of the right cheek, and there is a greatly-increased secretion of saliva with a metallic like taste in the mouth.

The throat is red, sore, and swollen, with a thick, white, yellow mucus about the fauces. In several other instances it was livid and congested in appearance. There is a great sense of rawness and excoriation in the throat—it is rough and raw, and feels as if it were burnt. Further, there is a sense of suffocation in the throat—a feeling as if a lump were there—which causes a constant inclination to swallow, and at the same time there are great dryness, roughness, and soreness. The tonsils and palate are sore, swollen, and congested looking. The fauces are dry and swollen. Dr. Burt, a very heroic prover, says that he felt as if a ball of red-hot iron had lodged in the fauces and the whole of the œsophagus when swallowing; the pain was so great that he could take nothing but fluid for two days, and had a constant choking sensation. Dr. Williamson, of Philadelphia, after chewing some pieces of the fresh root, felt a dry sensation in the upper part of the pharynx, a disposition to hawk and clear the throat without relief—he finally raised some pieces of tough sticky mucus. Swallowing was difficult, and became so severe that he could not swallow even water. Every attempt to swallow was attended with excruciating pain shooting through both ears. Pressure and tension were noted as being felt in both parotids.

Such are the indications of the disorder set up by *phytolacca* in the throat. Some years ago these symptoms were regarded as resembling those of diphtheria, but I think it will be obvious that they are wanting in some, which are pathognomonic of that much-dreaded disease, at any rate when fully developed. What they do resemble is a low type of ulcerated sore throat, not altogether unlike that produced by *mercury*. *Phytolacca*, however, gives rise to more swelling and less ulceration than does *mercury*. It is indeed a kind of throat which is common enough in epidemics of diphtheria, but it is diphtheroid rather than

diphtheritic. Dr. Bayes describes several cases of diphtheria occurring when he practised in Cambridge, all of which were treated with *phytolacca*, but at the same time *carbolic acid* was applied to the tonsils and brought away the membrane in large pieces and “appeared to exercise a most happy influence over the subjacent mucous surfaces.” To true striking diphtheria *phytolacca* presents no analogy; but Dr. Hughes regards it as specific when high fever with aching in the back and limbs are present. I am hardly disposed to go so far with him. *Phytolacca* gives rise to no high fever, but rather to one of a low type with great prostration. The throat and the cavity of the mouth are, as we have seen, swollen and livid, the tonsils are enlarged and so too are the parotids; there are also great soreness and difficulty in swallowing, but there is nothing whatever like the false membrane of diphtheria, and no offensive odour. If there is any reflection of the diphtheria disease in the pathogenesis of *phytolacca* it is but a budding diphtheria. If, however, *phytolacca* is not calculated to deal effectively with the fully-developed diphtheria, it is still very valuable in some of the types of sore throat which closely approach it. Enlarged tonsils, enlarged parotids, a swollen congested mucous membrane, small ulcers here and there, with salivation mark many sore throats in low types of disease, in such and in what Dr. Hale, of Chicago, calls “cases of catarrhal inflammation of the head and throat, which closely simulate diphtheria”—it has proved very useful. In describing such cases, he says, “on exposing the fauces I have seen what appeared to be a large patch of diphtheritic membrane upon the posterior wall of the throat; but a close examination would prove it to be tough white mucus from the posterior nares clinging tightly there.” Here the *phytolacca* is clearly indicated, and has been found to be curative.

It is well to give the medicine not only by way of mixture with water, but as a gargle. It is very refreshing to the patient, and also cleansing to his throat.

The appetite for food appears to be considerably increased at first by *phytolacca*, but in no short time it is entirely lost. There is also great thirst.

Eructations are frequent, and some nausea is a constant symptom. In a young woman, who had drunk freely of a strong infusion of the root, the following state was noted: “Nausea with the vertigo, immediately followed by violent

retching and vomiting, ejecting the contents of the stomach, which consisted of ingesta. The vomiting continued at intervals of from one to five minutes, ejecting a transparent mucus slightly tinged with yellow." This nausea is attended also by a faint feeling, severe pain in the umbilical region, and, as I pointed out when speaking of the kind of headache produced by *phytolacca*, by heat in the head, by a dull pressure in the forehead, somewhat relieved by eating, but soon returning with increased severity. In this instance, when the symptoms detailed were evoked by chewing the root and swallowing three or four grains of it, "vomiting occurred violently every ten or fifteen minutes, the nausea was relieved, and the pain in the forehead was increased by vomiting." The acrid vomiting in this case caused a feeling of excoriation and scraping in the throat—water and coffee taken to allay the retching were instantly rejected.

In this I think you will recognise the picture of many cases of so-called sick headaches—remember, I do not say all, but many. I feel sure that when such symptoms as these characterise a sick headache, you will find *phytolacca* curative.

We also find that *phytolacca* produces a kind of vomiting, characteristic of gastritis. Of this we have examples in the two following cases, both arising from eating the root. In one there was free vomiting at intervals of twenty or thirty minutes, continuing for twenty-four hours. In another it is reported that in about two hours after the second dose, he complained of feeling sick at the stomach, and, in a few minutes more, violent vomiting began, first of food, then of greenish matter, finally of a dark matter mixed with clear blood; it requires great effort to vomit; this syncope continued nearly all night, but was somewhat relieved in the morning, and ceased in the afternoon.

In addition to nausea and vomiting, we find that there is great pain in the epigastric region—pain as of pressure, burning, constrictive and griping, bruised, cutting, and tearing. It is increased by pressure, by taking a full inspiration, and by walking.

There can be little doubt but that pain and suffering of this kind is due to inflammation of mucous membrane of the stomach. Vomiting is the conspicuous symptom, the stomach refuses to retain anything, any food whatever is ejected immediately; the pain likewise, which is burning

and cutting in character, and aggravated by pressure or movement, all point to inflammation of the stomach as the pathological state produced by the drug.

A similar condition exists in the intestines; the liver also is disturbed as shown by the heavy aching, the digging pain in, and the inability to lie on the right side. A violent pressing pain is also noticed in the hypochondrium, so that he cannot remain in a sitting posture.

Pain, burning, cramping, and griping is referred to the umbilical region. The intestines are full of gas, the emission of which somewhat relieves the pain. Throughout the abdomen griping and cramp-like pains are very severe. Purging is, as might be expected, also severe. Thus we find "purging severely and frequently;" "severe purging after vomiting, the stools thin and dark brown." In one very extreme case of poisoning, we find diarrhoea with sickly feeling in the bowels, copious discharges of blood, mucus, and what looked like scrapings of the inner surface of the intestines; involuntary stools from straining, which continued even in sleep. In another, "diarrhoea set in with the vomiting, with fearful tenesmus, rendering it impossible to leave stool for a moment, the pain did not cease for an instant, the stool was at first yellow, then of greenish matter, finally dark bloody matter, this continued all night, and in the morning was somewhat relieved, ceasing early in the afternoon."

The stools are chiefly soft and papescent, or thin and dark brown, copious and light yellow, mucous and bloody, attended with tenesmus, and preceded by heat in the rectum. With these symptoms you must bear in mind that there is no active fever, but on the contrary, a state of prostration—a condition approaching collapse. *Phytolacca* you will thus find to be indicated in cases of what are called English cholera, where the pain is severe, the vomiting great, and the purging considerable. In *cholera infantum* it has proved useful. In some cases of dysentery it will be a serviceable medicine, especially when the heat in the rectum and the straining immediately before and during stool are peculiarly well marked.

In such cases *phytolacca* has been much more generally used by homœopathic physicians in the United States of America than it has been in England. Here it would seem that its powerful action on the gastro-intestinal canal has been somewhat overlooked.

Irritation is also set up in the kidneys. Weakness, pain, and soreness are felt in the renal region. The urine is diminished in quantity to such an extent as to be described as suppressed, and subsequently it is increased in amount. Dr. Burt, in describing his own condition, says: "The urine was at first diminished, afterwards increased; the urine remained acid and became decidedly albuminous; the specific gravity greatly increased." This albuminous condition of the urine has been held, and with reason, to justify the prescription of *phytolacca* in diphtheria; but, at the same time, it is insufficient where other and more prominent symptoms of this disease are but imperfectly developed. It is doubtless produced by a renal congestion near akin to that which marks the state of the tonsils, fauces, and parotids.

The irritation, which as we have seen is set up in the throat, extends to the larynx and bronchi, and is marked by a sensation of dryness in the larynx and hoarseness, some dry cough with an expectoration of tough mucus, some shortness of breath, slow sighing respiration and a sense of suffocation, pain and tenderness and a bruised-like feeling in the muscles of the chest.

These symptoms all indicate a degree, but not a very serious degree, of pulmonary congestion. It is, I apprehend, in cases where, from whatever cause arising, congestion of the lungs follows a sore throat of the type I have described, that *phytolacca* is useful; not in purely idiopathic congestion; nor yet again, in one that is extensive; and still less so, when there is much febrile excitement.

The action of *phytolacca* on the skin is very distinct. In the following case the symptoms arose in a woman who took about a couple of table-spoonfuls of an infusion of three ounces of *phytolacca* root in a pint of whisky three times a day.

"She was covered," says Dr. Grasmuck, in the *Ohio Medical and Surgical Report*, "from the crown of the head to the soles of her feet with an eruption, the like of which I never beheld; it began on the scalp and spread downwards to the very toe-nails; it consisted of erythematous blotches of irregular shape, slightly elevated, of a pale red or pink colour, very sore and painful, itching slightly only on desquamation, but too sore to allow any scratching for relief, and terminating in a dark red or purple spot,

taking about thirty days for each to pass through its various stages of eruption and desquamation, and about the same length of time to advance from the head to the feet, so that the eruption could be seen at one time in all its stages of development; there was no accompanying fever, no swelling. After *merc. sol.* 3d x *trit.*, which relieved the sleeplessness and finally also the pains, the eruption grew worse rather than better, and even invaded the conjunctiva and mucous membranes of the nose and mouth; and now, after a lapse of three months, it is in the fauces and œsophagus, having entirely disappeared from the external surface."

To what known morbid condition to liken this state is not easy. Erythema, followed by ulceration, is perhaps most like it, but it is erythema of a type rarely, if ever, seen in practice. We will, however, consider it in connection with the next case I shall cite.

The following condition was set up in a man from eating the root for some trivial complaint.

"On the third day, after taking the medicine, an itching commenced on his hands and feet, and spread over the entire body. Four hours after this began a rash showed itself, following the same course that the itching did. With this the itching started with renewed force, and became so severe that he could hardly contain himself. The more he scratched the worse the itching grew; skin hot and dry; it seemed as if he would burn up; great desire to pour cold water on himself, which would relieve him for a few moments, but was always worse afterwards; he could not lie in bed, as the heat of the bed was more than he could bear, it aggravated the itching so badly; his skin was very red, and if he exercised so as to feel the least warm little vesicles could be discerned under the cuticle."

Here I think we have an illustration of some inveterate cases of eczema. I remember seeing one some few years ago under the care of Dr. Wheeler, of Clapton. The patient went through much such a process as this, while the desquamation was something enormous. I do not recollect whether we gave him *phytolacca*, but I rather think not. He ultimately recovered, chiefly by means of a course of hydropathic bathing. In such a case I should certainly advise you to give this medicine. The condition seems to

be one of inflammation of the skin with effusion, terminating either in desquamation or ulceration.

In another case an itching on his left calf and then on the right was accompanied in the latter part of the time by a lichenous eruption, the itching lasting two or three weeks, and was always worse during the first part of the night, often keeping him from sleep. Dr. Hale, of Chicago, states that it has cured lichen-like eruption of the skin, and is especially useful in eruption which form a part of a syphilitic disease, and also in lupus.

We will now examine the symptoms of the back and extremities. Glandular hardness in the neck was noticed by Dr. Burt and several other provers, thus suggesting its use in such a condition, when arising as part of a diseased state. The neck is stiff, especially the right side, and worse during the night and on rising in the morning. Pains are felt in the muscles of the scapula, and a constant, dull, heavy pain is noticed in the lumbar and sacral regions, which is aggravated by motion. Shooting pains extend from the sacrum down both hips to the feet. Here we have some resemblance to sciatica shadowed forth. Muscular cramp is a prominent symptom. The muscles are described as gathering into great knots, hard and rigid, the cramp coming on suddenly, continuing a few moments, and then subsiding in an instant, leaving the muscles flaccid and sore.

Aching pains in the shoulder blades are noticed in several, and also in the shoulder joint. There is also a sensation of weight and pressure on both shoulder blades. The arms ache and feel extremely weak. A dull aching pain and tenderness as from a bruise is felt in the muscles of the outside of the right upper arm, most severe about two inches above the elbow, particularly when the part is pressed upon and touched and the arm is extended. Pain is also noticed as felt just at the insertion of the deltoid. There is in addition a good deal of aching in the forearm and rheumatic-like drawing along the ulna, and in the leg. Jerking pains are noticed in the hands and legs, especially frequent are they in the hands, the finger joints being particularly affected. The pains are lancinating or shooting in character. In one instance occasional sudden prickings were felt in the points of the fingers, as if occasioned by electric sparks.

The lower extremities are weak. Neuralgic pains occur on the outer side of the left thigh, and also of the right. The knee joints feel stiff and ache, and the pain is increased by walking. The ankle joints are also painful, so also are the tarsal joints, but the pains are not so marked or so severe in the joints of the foot as they are in those of the hands. These symptoms represent not only rheumatism but neuralgia. Neuralgic pains in the arms, hands, and thighs. Further, this combination of rheumatism and neuralgia resembles that form of rheumatism which is engendered by mercury, or by mercury and syphilis jointly.

Pains, similar to these, are noted as occurring in the superior maxillæ, and, in the case I have referred to, as related by Dr. Grasmuck, pain was felt in the frontal bone, and described as resembling that of periostitis.

Dr. Hale says that in periosteal rheumatism *phytolacca* is useful, and he bases his opinion on the case related by Dr. Grasmuck. The patient was a woman of forty-five, keeper of a boarding-house, of a bilious, sanguine temperament, active and hardworking, the mother of a family. She had always had good health until a year before Dr. Grasmuck saw her, when she was attacked with rheumatism, this was followed by anasarca and many other symptoms, indicative of the change of life. After some month's illness she recovered with the exception of a slight pain in the right hip joint. A month later Dr. Grasmuck saw her and found her suffering intensely from pains in her joints and in the bones of her face and hand, which had prevented sleep for many nights. The skin eruption, an account of which I read to you just now, is then detailed, and Dr. Grasmuck goes on to observe that there were no accompanying fever, no swelling except in the face, no sweats, and the appetite was good. She wanted relief from the nightly pains in the bones of the face and head, and wanted to know what the eruption was. On examination I found that the pains proceeded from nodes, especially in the frontal bones, and resembled very much those of periostitis. My first impression, says Dr. Grasmuck, was that I was dealing with a case of syphilis, but a closer inspection and my intimate acquaintance with the family, together with the history of the case, caused me to abandon this theory, and the next one of mercurial cachexy also. A vigorous cross-examination, he adds, revealed the fact, that about thirty days before

she had been induced to take "a blood purifying" remedy, consisting of a pint of whisky with about three ounces of poke root—the popular name for *phytolacca*—in it. Of this poisonous and saturated tincture she had taken "a swallow three times a day till I was called in."

This is only a single case it is true, but it is a very well marked one, and justifies us in regarding *phytolacca* as probably capable of coping with some cases of syphilitic or mercurial rheumatic periostitis. It does so, the more in that associated with these symptoms were those of the eruption I detailed to you just now, which had a very syphilitic character about it. Its value has, moreover, been clinically tested. The late Dr. O'Brien of South Shields (*Monthly Homœopathic Review*, vol. x. p. 173), states that in a case of syphilitic rheumatism with enlargement of the parotid and submaxillary glands this agent produced prompt relief, and a rapid subsidence of the tumours. In another case of rheumatism of the right frontal region, accompanied by nausea and aggravation of the pain in the morning, relief was afforded by one dose of *phytolacca*.

Further, in chronic rheumatism uncomplicated with mercurial or syphilitic taint, *phytolacca* has proven a valuable remedy. Of such a case, Dr. Hale gives the following illustration in his work on *New Remedies*.

"Mrs. S., aged about 40, had a severe attack of inflammatory rheumatism fifteen years ago, which ran into a chronic form, affecting the left hip-joint, of which she lost the use. Upon examination, the synovial membrane was found implicated, with considerable tumefaction from the effusion. The patient was of a scrofulous diathesis. I ascertained she had enlargement of the glands of the neck and axillæ which had existed since she was a child.

"There was no swelling of the limb, the pain was obtuse, heavy, aching, generally worse in damp weather. She complained of coldness of the limb, and the pain was aggravated by warmth. She was very much emaciated, and had night-sweats, having an acid re-action. Urine scanty most of the time, but sometimes very clear. She had not walked without assistance for fifteen years.

"Prognosis unfavourable, but concluded to give the *phytolacca* a fair trial. Gave the tincture of the ripe berries, 30 drops three times a day.

“In two weeks I saw her for the second time, and she seemed very much benefited; less pain, the tumefaction of the hip had nearly disappeared, the muscles of the thigh had relaxed, and she had greatly improved. In a few weeks, under decreasing doses, she recovered the use of her limb.”

That *phytolacca* excites the glandular system we have had evidence in the enlargement which we have seen has occurred in the parotid and submaxillary under its influence; but it is not so limited, the mamma has by it become swollen and inflamed. The slight hint here given has led homœopathic physicians to develop one of the popular uses of the drug. For many years it has been reputed in the Western States of America as a remedy in “broken breasts,” and this not only in human beings but in mares and cows. Dr. Hale of Chicago, brought this part of the action of *phytolacca* fully out and gave some striking clinical illustrations of it in the *British Journal of Homœopathy* (vol. xxi. p. 202).

Of the value of *phytolacca* in such cases and also in darting neuralgic pains in the breast, pains which always excite the anxiety of woman, who has ever a fear of scirrhus before her eyes, I have often found *phytolacca* a very certain and speedy remedy.

It has generally been given in drop or two drop doses of the tincture, 1x or 3x dilution. As a gargle, 3 ss—3 i to a pint of water is very efficient, when this application is needed.

21, Henrietta Street,  
Cavendish Square.  
May 17th, 1881.

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## HEART SYMPTOMS.

BY ADRIAN STOKES, M.D.

IN perusing the records of *Materia Medica* arranged by Hahnemann according to his schema, I have often been struck with the disjointed character of many of the symptoms in various provings; some one or more being recorded among those of the head, another among those of the back, thorax, stomach, abdomen or extremities, without any clue as to their connection. In some cases Hahnemann does refer in a note from one symptom to another to which it is

organically related, the reference being from head to extremities, or from any part to another at a distance. Such references are very abundant in the provings of *china*—are distinct in the connection of catarrh of the nasal passages and of the intestines in *chamomilla* (cf. 195 x 202 with 235 x 240)—and in *cannabis* the heart symptoms and those of the stomach are referred from one to the other, without other key to the connection than the notes.

Now if we want to establish the organic relationship of parts thus severed and scattered about, we have to hunt up laboriously the various regions, and put the pieces together as well as we may. This is always a difficult work, and the results of it are never very satisfactory; while for one group that we may reconstitute, we see many more we should like to do the same by, but cannot find the key to their relationship. This is the case particularly with the heart symptoms, which have in the body so large a circle of sympathetic relations, and in the books stand so much alone. As the heart is an organ affected by so many and varied conditions, arising in its own structure and functions, or in sympathy with the ailments of other organs, or from changes in the emotions and affections, it must needs reveal its troubles in many forms of expression which are not found in our provings; or, if recorded, the link to unite them is missing. As Longfellow says—

“E'en as the troubled heart doth make, in the white countenance  
confession;”

so does it reveal its troubles also by the motions of the ribs, pains and other sensations in the head, thorax, stomach and limbs, as well as by increase of certain secretions and suppression or diminution of others. Symptoms indicative of heart suffering are plentiful enough in the schema, some medicines being quite rich in them, while hardly a word is said about the heart itself, and not one as to how the symptoms are to be connected. In such a way much knowledge that might be extremely valuable is lost, or at any rate made so difficult of apprehension as to be practically useless.

In medical practice I have found so much difficulty in getting at anything satisfactory about the physiological action of drugs on the heart, that it occurred to me many years ago to make a schema for the heart, and bring into it as many symptoms as seemed to me indicative of cardiac suffering. I note first the heart's action, and sounds, pulse, palpitation; then anxiety; affections of the chest as to

respiration, voice, pains and sensations ; then facial expression and colour, including the appearance of the eyelids and eyes, nose, and lips ; the look of the ears ; subjective sounds in these. The movements of the upper and lower extremities, with pains or other sensations therein ; the state of the renal and alvine excretions ; the state of the skin as to colour, dryness or moisture ; and lastly the influence of the heart-state on the mind, temper, and disposition ; and on sleep and dreaming.

In bringing together thus around a common centre, heart symptoms scattered all through the Hahnemannian schema, I am fully aware of the difficult and delicate nature of the work. No Chinese puzzle was ever more complicated, no dissected map more difficult to piece together. Yet that the pieces *do* exist, and *can* be put together so as to form a map or chart of cardiac symptoms perfectly reliable, is my firm conviction ; and the more I have considered the subject the more am I convinced. Colleagues whom I have consulted on this subject have given opinions adverse to the reconstruction of symptoms in this manner, and the introduction to the *Repertory* contains a strongly expressed sentence against the proceeding. While I acknowledge with all respect the superior judgment of my fellow labourers, I feel bound to exercise my own in an independent manner ; and I have a firm belief that when the dissevered parts of a *corpus* can be recognised and put together, they may be united and form once more a recognisable entity, which may offer us many concrete features of disease that we cannot now find in our *Materia Medica*.

I have felt interested in this subject sufficiently to have explored the *Materia Medica* for heart symptoms as far as *kali iod.*, writing out the objective and subjective sensations and pains, and their associations, so far as I could trace them, in the order stated above. I shall be glad to learn the opinions of others as to the plan I have adopted, as to how far it is right, in the first place, to use such a plan at all ; and next, how far is it practicable, and beyond all things, practical. To this end I invite the members of the homoeopathic medical body to give their attention to the subject ; and those who will, to favour me with their opinions thereon, with such suggestions as may occur to them. I should have brought this matter forward long ago, but my time has been so much occupied by the preparation of the two chapters of the *Repertory*, xviii. and xxiv.,

that I have not been able to give it sufficient attention. But now that chap. xxiv. is in the printer's hands I am at liberty to work at this.

In order to illustrate the synthetic process sketched above, I give a few examples of the scope and power of some medicines acting on the heart and its envelope as direct tissue irritants or sedatives, and of others whose influence is reflected from the organs of digestion, the capsules of the joints, or the glands and lymphatic system. Beginning with *aconitum napellus*, and gathering round it the pathogenetic effects of the other varieties of that drug, we find the following symptoms grouped in their (presumed) natural associations. Natural groups are given as recorded.

Heart. *Aco. nap.*

Palpitation, with great anxiety, dyspnoea and weariness of limbs; sensation of rushing in the head, confusion, and flushing heat of face.

Palpitation, with increased heat of face; palpitation on walking, with great anxiety, restlessness, and pressive pain in cardiac region.

Palpitation sudden and violent, with tightness of chest, while sitting quietly.

Palpitation lasting all day, relieved by rest, worse by motion.

Tendency to palpitation, with trembling. Heart beats quick, while the pulse was slow, appearing to intermit, with attacks of powerlessness.

Impulse weak, heart flutters.

Left ventricle consonant with pulse, but the right auricle seemed to be convulsively agitated with rapid irregular movements not related to the contractions of the ventricle.

Only one heart-beat for three of the pulse, still the beats of the vena cava were equal to those of the arterial pulse; rapid irregular motion of right auricle synchronous with the beats of the vena cava.

Pulse rises from 96 to 112 on going into the open air.

Towards evening the pulse became full and quick, he felt the carotid and temporal arteries throb, while sitting (face flushed; red and hot; sweat on the face).

Pulse 96 during afternoon, with fever. Heart beat strong; pulse full, hard, and strong, moderately quick.

Pulse 67, small and soft, rising in an hour to 102, full and hard; then an agreeable warmth came over the body,

followed by perspiration, the legs being cool all the time. (This symptom is repeated at "fever.")

Pulse full, strong, intermitting every six beats of heart and radial artery; with heaviness of chest, especially in the cardiac region.

Pulse irregular and intermitting. Two or three beats in rapid succession, and then a pause of some duration.

Pulse febrile, intermitting. Ditto with general dulness.

Pulse rapid at first, becomes weaker and slower, softer, and unequal.

Pulse irregular, weak, thready. Pulse fails and finally becomes imperceptible.

Dreadful oppression of præcordial region; feeling as if a great weight lay on the heart, becoming a pressive burning, with flushes of heat along the back.

Weight on the heart region, with anxiety. Inward pressing pain in the region of the heart. Slight stitches in the cardiac region.

Transient stitches in heart, especially when walking, in forenoon; sometimes also when at rest. Slow jerks in the cardiac region towards the surface of the chest.

Anxiety; oppression; constriction of chest, with contracted pulse, when sitting, after much motion.

Contractive, squeezing, tight pains in chest, mostly under the sternum, with anxiety and dyspnœa.

Great oppression of chest.

Pressure and burning under the sternum. It prevents deep breathing, and extends back to the spine.

Heaviness in chest, dyspnœa, sighing, violent palpitation, dry cough, with clear, bloody sputa.

Acute lancinating pain in cardiac region, as if in the costal pleura, on rising in the morning. It prevents deep breathing or rising up, and is attended by inclination to cough. After friction and repeated efforts at inspiration, the symptoms abated, but left the part sensitive.

Stitches in the left side of chest.

Shooting pain in left side of chest, followed by palpitation and ill humour, anxiety and headache.

Shooting, boring, burrowing pain in the left side, between the fourth and sixth ribs, lasts ten minutes.

Pain under the sternum, as if hurt or bruised. Respiration much affected by sighing, need to breathe deeply, as if to drive the blood through the lungs.

Oppressed respiration, dry hacking cough, much thirst and chilliness.

Dyspnœa with oppression under the sternum. Respiration short and hurried, anxious and gasping; breath hot.

Respiration noisy, with open mouth. Voice hoarse, weak, and low, with prostration.

Head: Confusion in, with pressive frontal ache. Confusion soon changes to heaviness, with pressive pain in vertex and forehead.

Vertigo, as if about to fall over. Vertigo on stooping; she staggers, most to right side. Vertigo, all goes round. Vertigo with nausea, worse on rising from a seat, less while walking, not when sitting. Vertigo much increased by shaking the head, whereby it goes black before the eyes. Vertigo with headache frontal and occipital.

Heat in the head. Burning headache, as if the brain were agitated by boiling water.

Headache like a band round the head. Compressive headache.

Fulness in the head, with weight, and pressure in forehead.

Itching on the scalp. Painful tickling, and feeling as if the hairs were pulled.

Eyes protruded and swollen (with the full and bounding pulse and red face).

Eyes look dull and encircled by livid rings. Dimness of vision; flickering before the eyes.

External ear red, hot, and swollen.

Roaring, humming, and buzzing in ears.

Face: Hot, red and swollen (with the full pulse); face, pale, with expression of anxiety and restlessness; face expresses fright and imbecility; face, livid and ghastly, dusky like that of a person strangled. Face purplish, with white blotches.

Lips blue, livid.

Throat feels constricted, dry; and feels narrowed.

Anorexia; faint sick feeling, without nausea.

Urination frequent, of much increased pale watery urine, with faint feeling on passing it.

Diuresis and constant sweat.

Increase of urine, depositing blood on standing.

Extremities.—Weariness of arms and legs, difficulty of moving the limbs, feeling as if the joints were loose. Pain in left shoulder, and posterior exterior side of left arm.

Numbing paralytic feel of left arm (and thigh), so that he can hardly move the arms. Pricking and tingling in the arms and fingers, and painful numbness across wrists. Hands icy cold, nails blue (with failing pulse). Lower limbs are weak and give way, unable to support the body.

Sleeplessness.—Frequent starting out of sleep; nights restless and tossing; with vivid dreams full of action and turmoil. Anxious heavy dreams, with oppression of chest. Nightmare.

Feverish symptoms.—Chilliness, shivering and faintness.

Chilliness and tingling between shoulders and down back, with cold fingertips and blue nails, in a warm room. Shuddering, with paleness and sunken features.

Burning heat of face towards evening, with pressive headache, at the same time general rigors and thirst. Feverish state with general prostration. Cold sweat on brow when pulse is scarcely perceptible.

Extreme feeling of nervousness; fearful, and uncertain as to actions. Extreme sensitiveness to all impressions.

Extreme languor, lassitude, and muscular weakness; can hardly stand; pressure at heart. Tendency to faintness; swooning.

Constrictive sensation in chest, icy coldness of body, with fainting fit.

Sudden attack of unconsciousness while urinating; all the blood seemed to rush to the head, and he fell down. He remained for some time quite prostrate.

Anxious trembling, preceded by an unpleasant feeling of coldness.

Homœopathic physicians will be at no loss in recognising in these symptoms pictures of many cardiac troubles, organic and functional. Indeed it is hardly possible to find a case of heart disease in which it may not be useful in one stage or another.

To turn now to a medicine presenting cardiac symptoms, with constitutional states altogether different from those produced by *aconite*, I collect from the schema of *baryta carbonica* the pictures to be seen in the following:—

Palpitation, violent and prolonged. Palpitation, occasional violent. Palpitation, when lying on the left side. Palpitation, renewed when thinking of it, for it then makes her anxious.

Pulse full and hard.

She cannot lie on the left side on account of great orgasm of the blood, and violent palpitation, with sore feeling in heart, and great anxiety.

Sensation of severe palpitation on front of chest.

Sudden sticking and burning in the left side of chest, deep seated, in afternoon, causing her to cry out.

Small stitches in left side of chest at every inspiration. A violent stitch in left chest by lifting a weight with both hands. Dull stitches under the sternum, deep in chest, followed by a bruise pain in that spot.

Voice hoarse; aphonia.

Cough, dry and suffocative.

Headache, vertigo, and nausea (these are associated by Taylor also in the account of poisoning by *ba.c*). Moral state anxious, depressed; the memory much impaired.

Sight dim, as from a gauze veil before eyes. Diplopia. Sparks before the eyes.

Ears: humming, roaring, ringing noises in. Sound as of a strong wind.

Throat, constriction of; attacks of choking.

Increased secretion of urine, with frequent calls to pass it.

Sleeplessness; starting in affright. Dreams are anxious, confused, and frightful. Sudden attack of dejection in bed.

Records of poisoning show *baryta* to be a powerful depressant of the brain and spinal cord. It acts as a direct poison on the heart, as shown by the flabby withered state of the muscle after death, and by the coagulated blood found in the auricles and vena cava and coronary arteries. As it is the property of *baryta* and its salts to produce states of long lasting depression and debility, so will its therapeutic field be found in the heart diseases of the aged, the weakly, and the scrofulous.

#### *Cactus grandiflorus.*

Heart's action increased, and when walking there is palpitation with anxiety.

Rapid, short beats of the heart on moving quickly.

Several violent irregular heart-beats with sense of pressure and weight at the heart.

Several violent irregular throbs when walking slowly, rising from a seat, or turning suddenly.

Many violent throbs on walking the room slowly, with tightness of chest and deep breathing.

The heart-beating and pulsation in the chest worse when lying on the back, more visible and audible when lying on the side, with anxiety and nightly restlessness.

Violent palpitation and pulsation in upper part of chest, at night in bed.

Palpitation occurs by a quick motion, as stooping, or rising from a chair, or turning; but not by fast walking; with anxiety rising to the throat.

Palpitation continues day and night, when lying on the left side, and when walking.

Palpitation, with oppression at heart when sitting or lying in the evening, worse when lying on the back in bed.

Palpitation consists of small irregular beats, with necessity to breathe deeply. Slight excitement or deep thought will bring it on.

Dull heavy pain at heart, worse by pressure; constriction as from an iron band.

Very acute stitches in the heart make him call out loudly and weep, with obstruction of breathing. Pricking pain at heart, impeding breathing and motion.

Very annoying sensation of motion in the heart from front to back, as if a reptile were moving therein; worse by day than by night.

The palpitation and pain come on when walking or ascending steps, so that he must pull up, and breathe heavily several times; it came also by rising from a chair, moving any article, which caused sudden and violent throbs, intermitting.

Respiration short and hurried, with the palpitation; oppression of chest as from a great load.

Respiration prolonged, with anxiety.

Respiration continued, as if bound up in iron, so that the thorax could not be dilated.

Periodical attacks of suffocative dyspnœa; with cold sweat on face, and loss of pulse.

Painful constriction of chest, and low, weak voice. Oppression and constriction at middle of sternum, with dyspnœa. Bronchitis and catarrh.

Pressive pain in upper part of left chest, between second and third ribs, when sitting quietly, with dyspnœa, lasting several minutes, and causing a desire to breathe deeply.

Violent pain in the head, of a pressive kind, with vertigo. Much weight on vertex, and pain in the occiput.

Sight very dim and veiled; frequent.

Ears, pulsations in; buzzing in; rushing, as of a river.

Stomach, feeling of great constriction in the scrobiculus, extending to hypochondria, impeding respiration. Continued and annoying pulsation.

Frequent desire to urinate, and abundant passage.

Disposition, much sadness; taciturnity; disposed to weep. Hypochondriachal mood; melancholy; irritability; fear of death.

General prostration, weakness and malaise, so that walking is difficult. Restlessness, hurry, always wanting to be doing something, and fearing to be too late, with agitation of the heart and feeling of oppression.

Here we have a suggestion of debility, and nervous depression, which may direct attention to heart diseases in women of timid and retiring character, or in men of similar constitution, or in the aged and weakly of either sex. It does not seem that *cactus* is a direct poison to the heart muscle, but that it depresses the nerve power sent through the cardiac ganglia, and that of the great sympathetic nerve.

### *Carbo animalis.*

Palpitation in the evening without anxiety. Palpitation violent, every throb felt in the head. Palpitation on awaking in the morning, obliging her to be still without opening her eyes or speaking. Palpitation after breakfast, or other meals. Palpitation after singing.

Pressure about the heart almost like pinching. Coldness felt in the chest. Tremor in the chest. Violent pain in chest as if it would fly to pieces, with internal soreness. Violent compression early in the morning, with arrest of breathing. Contracted feeling in chest. Contracted feeling in chest as if suffocating early in the morning in bed. She fears to die. Stitches in the heart on speaking; and feels when moving the (left?) arm as if the heart and chest would be torn. Chilliness usually prevails.

Voice rough, hoarse and low.

Sensation of suffocation and pressure in œsophagus, ascending the throat, alternated with feeling of roughness.

Urination copious; the fluid pale.

Head stupid and dizzy. General debility and prostration. Memory bad. Moral state depressed. Weeping mood. Disposition perverse and peevish.

These symptoms are such as we see in hysterical and dyspeptic persons. Heart troubles arising from irritation of the digestive organs may find in *carbo animalis* a useful palliative. It is said to be much more far reaching and more lasting in its action on the vegetative sphere than *carbo veg.*

Sidmouth, June 1881.

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**VIOLA TRICOLOR OR JACEA IN THE TREAT-  
MENT OF ECZEMA INFANTILE.\***

By W. H. BIGLER, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE object of the following short paper is to draw attention to a remedy in the treatment of that sometimes troublesome disease, *crusta lactea*, which, to judge from our literature, has not been so frequently employed, nor indeed so generally known as its antiquity and its real virtues deserve,—the *viola tricolor* or *herba jaceæ*.

According to Porta it was known to the Greeks and Romans under the name of *phlox*. Eminent physicians employed it in the treatment of various diseases with occasional success, and cures of asthma, epilepsy, and uterine complaints have been reported from its use; but it was regarded as specially and specifically applicable to chronic and obstinate cutaneous diseases (Matthioli's *Comment. on Diosc.*, p. 822; Fuchs's *Hist. Stirp.*, p. 804).

In the *New London Dispensatory* (Salmon 1684) the following notice of *jacea* occurs: "Silver knapweed; it is called Flaming violet also. Schroder saith it is bitterish and sharp; cleanses, pierces, and discusses; it (is a) vulnerary and sudorific; takes away clammy humors, and opens obstructions of the womb; outwardly it is cosmetic, and cures scabs, itch, etc."

But as has happened with so many other, and perhaps better remedies, its use was gradually abandoned, until towards the close of the last century Strack, of Mentz, sought to restore it in his *Dissertation on Crusta lactea and its Remedy* (1779). He prescribes a specific one handful of the fresh, or one-half drachm of dried leaves, to be bruised in half a pint of milk, and the whole to be taken night and morning. He says that in the first week the

\* Reprinted from the *Hahnemannian Monthly*.

eruption seems to increase, and to appear in other parts of the body, but that at the same time the urine acquires a smell as of cat's urine, and at the end of a fortnight the crusts begin to fall off, and sound, healthy skin appears beneath. When the urine does not acquire this odour, but remains unchanged, he says the disease will generally be of long continuance (*London Medical Journal*, vol. ii, p. 487). Some years later his observations were confirmed by Hasse (*Diss. de Viola Tricolor*, Erlangen, 1782) and by others (Melzer, *Veckrskrift*, and Murray). (*Apparatus Medic.*, vol. vi, p. 33.)

Although there were some who denied the specific virtues of the herb (Mursinna, Achermann, Hemmig, *et al.*), or even (Selle) maintained that it was injurious, the majority of physicians believed that it acted on the intestinal functions as a cathartic, that it sometimes produced emesis, and that, besides increasing the flow of urine, it imparted to it a disagreeable odour like that of cat's urine, that therefore it was by no means inert, but a valuable medicine.

We find it successfully employed by Hasse and others in crusta lactea with violent cough and dyspnoea, in impetigo of hairy scalp and face, in acne rosacea, in favus, in serpiginous crusts in children and adults, in swelling and indurations of cervical glands, in large boils all over the body in scrofulous children, in pustulous and ichorous exanthems of the feet, in squamous spots on the skin, in rheumatism and gout, in articular rheumatism with itch-like eruptions around the joints, in an impetiginous exanthem on the forehead consequent on suppression of gonorrhoea, and in an induration of the testicles from the same cause, in ichorous ulcers with violent itching, in blennorrhoeas of the various mucous membranes, and in epilepsy.

In Russia a decoction of the pansy was a popular remedy for scrofula; and it was used in 1803 by Schlegel, of Moscow, with good effect in syphilitic affections, especially venereal ulcers (*Sammlg.*, 3, pp. 141—156; *Frank's Mag.*, f. A. & T., vol. iii, p. 655).

In 1818 Fauvergne claimed to have cured with *viola* nervous paroxysms in a young girl, which he thought had been caused by suppression of crusta lactea.

Finally, we find reference to the *herba jaceæ* and its several preparations, decoctions, infusions, syrups, and unguents in the various pharmacopœias of Europe, and in the *United States Dispensatory* (Wood and Bache).

During the annual meeting of the American Dermatological Association, held in New York on August 26th, 27th, and 28th, 1879, a paper on *viola tricolor* was read by Dr. H. G. Piffard, in which he quoted largely from Cazin, who has experimented considerably with the drug, and used it with success, and from a brief article written by himself in the American edition of Phillips's *Materia Medica and Therapeutics*. He says it has long been a favourite in France in the treatment of eczema capitis and faciei, and that he has employed it for many years with great satisfaction in chronic cases of this affection. The watery preparations have appeared to answer better than the alcoholic. He believes it to be of the greatest service in eczema about the upper part of the body, and especially the head; while when the affection was situated on the lower part of the body he has found it to be frequently aggravated by the drug. (*The Medical Record*, vol. xvi, No. 11.)

It was not to be expected that a drug so well known, and promising so much, would be neglected by Hahnemann, and we find in Stapt's *Archiv* (vol. vii, 2, p. 173) a proving undertaken by him in connection with Franz, Wislicenus, and Gutmann. They used a tincture made of equal parts of the expressed juice of the fresh herb and alcohol. We find here, as in the case of so many other of our remedies, that it is not the symptoms obtained by the provers that have given the indications for the use of the remedy, but those obtained *ab usu in morbis*, the clinical symptoms, the much-calumniated empirical usage. After this has directed our attention to certain applications of a remedy, it is not a matter of very great difficulty to read between the lines of the provings justifications for our practice. All the characteristic skin symptoms except an indefinite itching here and there over the whole body, are taken from an allopathic source (Hufeland's *Journal*, xi, iv, p. 128, *et seq.*), and the keynote, "urine smelling like cat's urine," was not observed by any of the provers, but is altogether clinical (Alshop, in Murray's *Appar. Med.*, i, p. 703 (?) 33 (?), Hufeland, Strack).

In his *Lesser Writings* (p. 328), Hahnemann says of the *viola*, "The pansy violet at first increases cutaneous eruptions, and thus shows its power to produce skin diseases, and consequently to cure the same effectually and permanently."

In the succeeding works on *Materia Medica* the original proving is repeated without additions, and with or without the clinical symptoms according to the principles of the several editors, and even Allen can find no new authorities for his *Encyclopædia*. Teste and Hughes both notice it favourably in their works on *Materia Medica*. Guernsey, in his *Lectures*, says its principal use is in nocturnal emissions accompanied by very vivid dreams.

In many of the works on therapeutics it is not mentioned at all among the remedies used in *crusta lactea*, and in others it occupies a very subordinate position. Those who speak most favourably of it are Hartmann (*Therapeutics*, vol. ii, p. 39) and Hughes. The latter says that he very seldom has occasion to use any other remedy. He generally uses the 1st or 2nd dilution, but has seen the 6th act well, with which attenuation Dudgeon also reports a case of cure in the *British Journal of Homœopathy*, xi, 355.

Lilienthal, in his *Therapeutics*, says under Eczema: "*Viola tric.*—Milk-crust, burning and itching, especially in the night, with discharge of tough yellow pus; heat and perspiration of the face after eating." And in his *Skin Diseases*, "*Jacea.*—Violent itching eruption, worse every night, and urine smelling like cat's urine." Why he has used the unhomœopathic name *jacea* in this latter place I cannot understand.

I have been in the habit of using *viola* for the last twelve years, and have recommended it to many of my colleagues in the treatment of the eczema of children, and in the majority of cases its use has been attended with gratifying success. I candidly confess, however, that I am unable to give any so-called characteristic symptoms or keynotes, the presence of which would invariably and unmistakably point to the applicability of this herb, but the following general indications may prove as useful to others as they do to myself. We may expect the best results from the employment of *viola* where the eruption is acute, and is confined principally to the face, although its extension to the scalp is no counter-indication. In eczema of the whole body I have not found it produce any good results, but others may have been more fortunate. The tendency of the disease is always rapidly to the pustular form. The crusts are of a brownish-yellow colour, and the eruption is very itchy in all its stages, but the itching seems to be temporarily relieved by rubbing. The general condition of the child

seems to be one of perfect health, with the exception, perhaps, of a rather thin white discharge from the nose, and may be a loose catarrhal cough. The remedy very soon produces a profuse flow of urine, but never have I had a case where either before, during, or after the administration of the medicine I could detect the characteristic smell of cat's urine. I usually have about 3j of the dried herb (the imported, for the market is full of inferior qualities) boiled in half a pint of water, and of this tea prescribe f 3 j two, three, or four times a day in milk slightly sweetened. If the patient is a child at the breast I order the mother to drink rather larger quantities of the tea morning and evening, while the child takes nothing, and I have found this to work as well as where I, in addition, prescribed *viola*<sup>30</sup> for the child. Frequently, in alternation with the tea, I have given the first or second decimal dilutions twice a day, or the thirtieth, but have not been able to discover any marked difference in the course of the disease produced thereby. I have also used the various dilutions without the tea, but the effects have not been so marked, nor any more permanent. Sometimes, in aggravated cases, I have derived benefit from the external use of the tea, together with internal medication. In short, I have allowed myself considerable latitude in the mode of administration of this drug, and have every reason to be satisfied with its action. Medicinal aggravations I have observed in some few cases, but they are speedily followed by improvement and cure. Usually, by the end of the first week, sometimes by the third day, a decided improvement is visible, and at the end of two or three weeks the cure is complete. If others will try this drug, not waiting for the urine smelling like cat's urine, I have no doubt they will be convinced, as I am, of the almost specific action of the *viola tricolor* in the treatment of *crusta lactea*.

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## REVIEWS.

*Prize Essay on Diphtheria.* By A. McNEIL, M.D. Chicago :  
Duncan Bros. 1881.

It is long since we have seen a more succinct and instructive monograph than this Prize Essay. Written essentially for the profession, there is about it none of the quasi-amateur element which characterises so much of the homœopathic literature of the day. Information, drawn from many sources, is here ranged

in a way which imprints it on the memory, and makes the reader feel that he has really benefited by its perusal. The writer opens with a chapter on the history and geography of diphtheria, which shows a vast amount of research and considerable acquaintance with old time chronicles, tracing back its history to the days of Galen and Asclepiades.

The chapter on the etiology of the disease goes deeply into the various theories which have been advanced by writers of different ages and schools. The author gives extracts from the works of eminent pathologists bearing on the germ theory of causation. On the one side he quotes Oertel, Eberth, Haupt, and Nassiolf, who all hold that the peculiar bacteria formed in diphtheritic fluids are the cause of the disease, and that the disease is spread by contact with these particles. Amongst the opponents of this theory he places Schneider, Leflet, Julian, Traube and Gscheitel, Kuener, Hiller and Billroth. The author himself is opposed to the germ theory of causation, maintaining that these atoms are not the cause but the effect of diphtheria. He says : " If the bacteria theory is true, we would be compelled to resort to gargling, cauterising, and large doses of drugs capable of destroying the fungi."

Ordinary disinfectants, he says, are useless against the disease, the only one of any value being ozone, which is very difficult of production with ordinary appliances.

We can scarcely agree with the author when he states that " there is more rationality in its being produced and propagated by telluric influences, as electricity, terrestrial magnetism and evaporation," and " that the disease may have an autochthonous origin." We fear that this theory cannot long be maintained in the face of recent researches made by Pasteur on the bacteria present in various diseases, notably those on the bacteria of *charbon* in sheep. So constant are the forms of the bacteria in various diseases, that physiologists can almost say with certainty, what pathological phenomena would be produced by inoculation with a given bacterium in the healthy subject.

Under the head of symptomatology, the invasion and course of the disease in its various forms is graphically and carefully portrayed. The various complications, with their diagnostic differentiation, and the deplorable sequelæ which form one of the most dreaded features of this fell scourge, are pointed out. It is interesting to remember that the severest sequelæ may arise from apparently the mildest cases, and that the simplest case may take on a malignant form without any apparent reason.

The chapter on pathology is written with great care, and well repays perusal. Quoting from Kuchenmeister, the author shows that almost all the usual gargles and topical applications are powerless to change or dissolve the exudation membrane. The

only agent which effected this was lime water ; " in aqua calcis, (one part lime to thirty of water) the exudation dissolved completely in ten to fifteen minutes, and in a less time became so soft, that it fell to pieces by moderate shaking."

The chapter on sequelæ is most comforting to the true homœopath. The author affirms " that under good homœopathic treatment there will be few or no sequelæ in this disease. They never follow a *cured* case of diphtheria." Whenever we have sequelæ, it is either, says the author, because the case has been under old-school treatment, or because we have failed to find the right remedy.

The latter part of the essay is taken up with a review of the various remedies which have been found useful in the disease, with the indications for each. The totality of the symptoms is insisted on, in the selection of the remedy. As an instance of this, a case is mentioned (almost the only case given in the book) in which *bryonia* 200 and *rhuis* 200 both failed to relieve acute rheumatism, and *arnica* 1000 gave prompt and permanent relief. Alternation too is decried as a confession of weakness. Our old friend, *psora*, crops up here and there as exerting a latent influence in acute disease.

The repertory is copious and clear, and the author though evidently a high dilutionist, very sensibly refrains from insisting on any given dilution, evidently believing that the dilution is within certain limits of merely secondary importance, and that the proper symptomatic drug selection is the great point to be sought after.

The last chapter is devoted to the consideration of tracheotomy. Statistics show conclusively that in diphtheria this is *not* advisable, as the majority of cases operated on have died. Homœopathy generally succeeds without it, and we may safely say that if the indicated remedy will not cure there is little use in performing tracheotomy.

Taken as a whole, this little work contains much useful information, and were it only for the repertory alone, deserves a place on the shelves of the reference library.

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## MEETINGS OF SOCIETIES.

### THIRTY-FIRST ANNUAL GENERAL MEETING OF THE GOVERNORS AND SUBSCRIBERS OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Annual General Meeting of the Governors and Subscribers of the Hospital was held in the Board Room of the Hospital, on Saturday afternoon, April 30th, 1881, at three o'clock. The Lord Ebury presided, and was supported by the Earl of Denbigh,

the Earl of Dunmore, Major Wm. Vaughan Morgan, Mr. H. R. Williams, Dr. Hamilton, Dr. Yeldham, Dr. Bayes, Dr. Hale, Dr. Carfrae, Dr. Burnett, Dr. Pope, Mr. Samuel Gurney, Mr. C. G. Walpole, Mr. F. Rosher, Mr. Cramporn, Mr. Alfred R. Pite, Captain Davies, Dr. Matheson, Dr. Blackley, Dr. Scriven, Dr. Dyce Brown, Mr. Adlard, Dr. Mackechnie, Mr. Boodle, the Rev. Dacre Craven, Mr. Alan E. Chambre (Official Manager). Several ladies were also present.

The Rev. DACRE CRAVEN (Chaplain) opened the meeting with prayer.

The SECRETARY (Mr. G. A. Cross) read the notice convening the meeting; the minutes of the Annual General Meeting, held on April 27th, 1880; and the minutes of the Special General Meeting, held on the same day, all of which were formally approved and signed by the Chairman.

The Report, which was read by the OFFICIAL MANAGER, is in every way satisfactory. It records a donation of £200, to be increased in subsequent years to £250, from a nobleman who desires to remain anonymous; a renewal of the donation of £210 by Miss Durning Smith, for the maintenance of six beds for chronic cases, while the income from the Quin legacy is estimated at £450 per annum. The extensive alterations which have been made in the sanitary arrangements of the Hospital are fully described, and the expenditure of £1,000 is stated to have been incurred. An improvement in the gas apparatus is also noticed.

The following extract sets forth the state of the finances and the number of patients treated.

“The Balance-Sheet shows that the total Ordinary Income of the Hospital from the 1st April, 1880, to the 31st March, 1881, was £3,918 3s. 3d., as against £3,971 10s. 5d. for the year 1879-80; thus showing an *apparent* decrease of £53 7s. 2d. This result is, however, due to an alteration in the mode of making out the Balance-Sheet, and if this alteration had not been made, the figures would compare as follows:—1879-80, £3,971 10s. 5d., and 1880-81, £4,435 6s. 10d. The items comprising *Ordinary* Income are:—Dividends on Stocks; Donations; Subscriptions; Registration Fees; Hospital Sunday and Saturday Funds; Rents; Nursing Fund—Profits; Paying Patients; and Dr. Quin’s Annuity Fund. To this amount of £3,918 3s. 3d. must be added *Extraordinary* Receipts: £5 5s., the proceeds of the Dramatic Recital; £105, the profit derived from the ‘Thalian’ Dramatic Performance, and a Legacy of £50; making a total of £4,853 16s. 6d.

“The Expenditure on account of *Ordinary* Income from 1st April, 1880, to the 31st March, 1881, has been £3,367 13s. 3d.

“The Annual Subscriptions actually received from the 1st April, 1880, to the 31st March, 1881, amounted to £1,482 14s.

A sum estimated at £70 representing Subscriptions due but not yet paid.

“The total Donations from 1st April, 1880, to the 31st March, 1881, amounted to £495 17s. 10d.; an increase—as compared with the year 1879-80—of £110 18s. 10d.

“The fees for the Registration of Out-Patients show a decrease of £37 15s., and amounted, for the twelve months to 31st March, 1881, to £272 8s., against £310 8s., in the preceding year; but this decrease of £37 15s. is due to the closing of the Hospital for nearly five weeks.

“The Nursing Fund Receipts have justified the anticipation formed at the outset and repeated in the last two Reports. They amounted—in the period from the 1st April, 1880, to the 31st March, 1881—to £627 2s. 6d.: the largest amount yet received under this head. In the twelve months immediately preceding the amount was £612. In 1878 the total was £399 0s. 6d. A slight alteration has been made in the mode of bringing this item to account in the Balance-Sheet.

“The awards from the Hospital Sunday and the Saturday Funds differed but little from those of the preceding year, and the difference was due only to causes beyond the control of the Hospital.

“The only Legacy received in 1880-1 was a bequest of £50 by the late Miss Brakenbury.

“The working Expenditure of the Hospital from the 1st April, 1880, to the 31st March, 1881, was £3,867 18s. 3d. This compares with £3,897 19s. 6d., the Expenditure in the year 1879-80.

“The Invested Funds of the Hospital at the 31st March, 1881, exclusive of the Hospital Premises and Furniture, and the Freehold House, No. 1, Powis Place, consisted of—

Consols .....	£2,674	2	8
New Three per Cents .....	£4,757	17	10

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Total .....£7,432 0 6

being the same amount as last year.

“The total number of In-Patients treated in the Hospital from the 1st April, 1880, to the 31st March, 1881, was 485, while in the twelve months immediately preceding the number was 494, showing a decrease of 9, accounted for in the following paragraph.

“The number of Out-Patients shows a decrease of 686. The numbers from the 1st April, 1880, to the 31st March, 1881, being 6,217, and in the corresponding preceding twelve months, 6,903. The aggregate number of In and Out-Patients treated since the opening of the Hospital to the 31st March, 1881, amounts to 162,229. The falling off in the number of Patients,

both In and Out, is due to the fact that the Hospital was closed for nearly five weeks to carry out the extensive drainage and structural alterations, and a comparison between the total number actually admitted and the time the Hospital was open shows a steady increase on the previous twelve months.

“The visiting of Out-Patients at their own homes continues to be attended with a fair amount of success.”

Some alterations have been found necessary in the arrangements for receiving paying patients. A ward has been set apart “where infectious cases occurring unexpectedly in the Hospital, or nurses returning from an infectious case, could be accommodated.”

Among other matters of interest alluded to in the Report we notice the creation of a special division for the treatment of diseases of the skin under the care of Dr. Galley Blackley, and the appointment of Dr. George Wyld as vaccinator. The special division which has hitherto existed for children has been abolished, and the patients divided equally among the medical officers.

The remaining portion of the Report is occupied with a statement of appointments and donations.

The LORD EBURY, in moving the adoption of the Report, said the Report having been duly read it became his pleasing duty, as on many previous successive occasions, to move that it be printed and circulated in the usual manner. They had had favourable Reports of late years, but he thought he might say this was the best of all. (Cheers.) They could hardly help being impressed with its lucidity and singular clearness. (Hear, hear.) He had—with his colleagues on the Board of Management—passed many an anxious hour in that room in the course of previous years. There had been times when they dared not look forward to the future of the Hospital and feel assured that it would maintain the position it ought to hold in the Metropolis. But all who heard or read that Report would feel that their greatest difficulties had been cleared away, and that they would still be able to work on for those who were suffering and who came to them for relief. His Lordship then referred to recent correspondence in the *Times* with respect to the medical treatment of a great statesman, who had passed from among us, and expressed his astonishment at the great amount of ignorance shown, even by the medical profession, as to the true nature of homœopathy. What especially surprised him was the persistence with which it was maintained that homœopathy was very good in slight ailments, but that of course no one would think of sending for a homœopathic medical man if seriously ill. His Lordship pictured a patient who might call in a homœopathic doctor for some apparently simple complaint, but finding himself getting worse,

would say to his adviser that he would be really too ill to see him any more. They must eradicate that idea. And he was not without hope that out of that controversy, which developed so much and singular ignorance, good might come, as people would be led to enquire for themselves what homœopathy really is. In general practice there could be no doubt that the homœopathic practitioners beat the allopathic quite out of the field, and he had himself seen astonishing instances of skill on the part of homœopaths when, what he might call the Act of Parliament physicians, had confessed their inability to render aid. He did not remember noticing in the Report any allusion to the School of Homœopathy. That Institution had been of very great assistance to the Hospital by its contributions of money. Like the Hospital, it had encountered very great difficulties. There were a great many "ifs" and "buts" to be considered and arranged, but its Medical Council and Committee of Management had successfully carried it through the dangers of its infancy. With regard to the scheme for amalgamating the Hospital and the School, it would unquestionably be of great advantage to both these scientific Institutions to do so, by bringing prominently before the public the true principles of homœopathy. Until that was done they would never reach the position they ought to have. Those who believed in the wonderful skill and knowledge of the Founder of the system knew best that a combination of all their forces was necessary in order to reach the highest point. Hahnemann, great as he was, was not like that Manchester machine which was called "the mule," simply because it was believed to be so perfect that no one could invent anything better. That should not be the motto of homœopathy. (Cheers.) The success of the past must only stimulate us to further efforts in the future. There were many items he might deal with, but perhaps he had said enough. His Lordship said he cordially approved the Report, and ask them to signify their approval also. (Cheers.)

The EARL OF DUNMORE begged to second the motion for the adoption of the report, and said he had listened with great satisfaction to the speech of the noble Lord.

The motion was carried unanimously.

Dr. YELDHAM then proposed a vote of thanks to the Chairman, the Board of Management, the House Committee, the Treasurer, and Sub-Treasurer, and referred to the services which Lord Ebury had rendered to the Hospital. He (Dr. Yeldham) had never been absent from an annual meeting for thirty years, and he did not remember an occasion when his Lordship had been absent. It was very gratifying to have associated with any institution a nobleman who took so great an interest in it as Lord Ebury took in the London Homœopathic

Hospital. He earnestly hoped that his Lordship would be spared for many years to take the same kindly care in its welfare. (Cheers). The well-wishers of the Hospital were also much indebted to those gentlemen who, in the offices of Treasurer and Sub-Treasurer, and as members of the House Committee and Board of Management, did so much useful work. Their Treasurer was a most important officer in the Hospital. (Hear, hear). Particularly when we are in want of funds. (Laughter.) On those occasions we draw freely on his resources, and the readiness with which he responds makes the Treasurer an invaluable member of the Board of Management. They owed him a debt of gratitude. Then as to their Sub-Treasurer, Mr. Cramporn (cheers), he was sure that that gentleman, although for the present incapacitated from ill-health, continued to take the deepest interest in the affairs of the Hospital, and for many years past had not ceased to devote a great amount of time and labour to the duties of his office and of the House Committee. They were all glad to see him present (cheers) that afternoon. As to the Board of Management, there could be no doubt it was the backbone of the institution: without a good Board of Management an institution was certain to decline. A great sign of progress during the last twelve months was the fact stated in the report that the income had become equal to the expenditure. That was a very gratifying fact, and if he were to say anything further about the Board of Management it could not add to the force of that pregnant fact. (Applause).

Dr. BURNETT said he had listened to the remarks which had been made by Dr. Yeldham, and he so entirely approved of all that had fallen from him that he would only second the motion in a formal way.

The motion being carried, Major WM. VAUGHAN MORGAN—in responding on behalf of the Board of Management—said that none could be more thankful than they were for the improvement in the state of the affairs of the Hospital. The greatest difficulty which, as a Board, they had had to contend against in the past year was the defective state of the drainage. Two years ago they had spent much money on general improvements which were quite indispensable, and subsequently they found that the Hospital was deficient as to that in which every Hospital ought to be perfect,—in sanitary arrangements. There could be no doubt that the chief essentials of a good Hospital were—proper ventilation, proper nursing, and proper hygiene. It was really no good having successful physicians and surgeons unless they had also a proper and effective sanitary system. (Hear, hear.) To meet the expense incurred in making our Hospital as efficient as possible in this important particular the Board

are obliged to ask you for permission to make use of a portion of the Reserve Fund, under the law which provides for such a contingency. As to the current income, the handsome legacy of Dr. Quin (cheers) has enabled the Board to look at their expenditure with a light heart. Anyone who would take the trouble to inspect the Hospital would admit that they had effected a very great improvement at a cost certainly not beyond what was necessary to incur. He could not say this much without alluding to their honorary architect. At a great expenditure of time and labour he had organised these improvements in a manner worthy of his reputation, and in a most economical manner. The Hospital was now more efficient than ever: medically, sanitarily, and officially. (Cheers.)

The LORD EBURY then proposed a vote of thanks to the anonymous nobleman who has so generously given a subscription of £200 for the first year, with a promise to increase the amount to £250 in future years.

The motion being seconded by Mr. CRAMPERN, was carried unanimously amidst applause.

The EARL OF DENBIGH then proposed a vote of thanks to Miss J. Durning Smith for her continued generosity in undertaking to maintain six beds in the Hospital, chiefly for patients requiring prolonged treatment. Miss Smith had sent a first cheque for £210 in the month of May, 1880, and another in the month of March just past. His Lordship said that while homœopathy was most valuable in acute diseases, it was not less valuable in chronic diseases, and it was highly gratifying that a lady so munificent was interested in the Hospital. It was to be hoped that her noble example would be followed by others. (Hear, hear.)

Dr. DYCE BROWN, in seconding the motion, said that they were extremely indebted to this lady for the munificent subscription which she had bestowed on the Hospital. The idea of benefiting chronic cases was a very good one, and he quite agreed with the remarks made by Lord Denbigh as to the value of homœopathy in such cases. Formerly the Medical Staff had to ask the permission of the House Committee before they could retain any patient in the wards, but now they could, under the conditions attached to this generous annual contribution, retain at their discretion any case which a prolonged stay in the wards was likely to benefit.

Dr. POPE then moved the re-election of those Members of the Board of Management who retire by rotation, namely, the Earl of Dunmore, the Earl of Denbigh, Mr. Philip Hughes, Mr. Humphries, Mr. Pite, and Mr. Rosher.

Dr. NEVILLE WOOD said he had much pleasure in seconding the resolution, and congratulated those gentlemen on their

adherence to the homœopathic "heresy" which they knew to be a great medical fact (cheers) and thought they were also to be thanked for their warm support of the Hospital.

Captain DAVIS then moved the confirmation of three medical appointments made during the year, namely, those of Dr. Sandberg, Dr. Noble, and Dr. Clarke.

Dr. HAMILTON said he had much pleasure in seconding the motion, as he felt quite sure that those appointments were for the good of the Hospital.

Mr. H. R. WILLIAMS then rose to move that a vote of thanks be given to the Medical Staff for their valuable services during the year, and

Mr. ROSHER seconding, it was carried unanimously.

Dr. HAMILTON said he had to return thanks for this most cordial vote. As a permanent member of the Medical Staff he could only say that although their aim was, of course, principally to relieve the sick, yet they never forgot that as homœopaths it was their duty to demonstrate in doing so that their system was better than any other. (Cheers).

Major VAUGHAN MORGAN then moved that the Governors' and Subscribers' sanction be given to the Abolition of the Special Department for the Treatment of the Diseases of Children, which they had discontinued under the advice of the Medical Council. The speaker then read the following paragraph from the report:—"The Special Division for Children, which has been so long maintained, under the provisions of Law XXXIV., has, after consultation with the Medical Council, been abolished, and the Children are divided equally among the Physicians in charge of the Out-patients generally. This is found to work more satisfactorily in the interests of the Medical Officers in charge of the Out-patients and of the Children, as they have now many more opportunities of coming for treatment. It is hoped, therefore, that the Governors and Subscribers will concur in this change."

Mr. BOODLE having seconded the motion, it was carried unanimously.

The EARL OF DENBIGH then moved a vote of thanks to the Lady Visitors, the Honorary Solicitor, and the Honorary Architect, and remarked that, as to the first part of the resolution, no one who had ever been ill could doubt the great advantage to the sufferer of the sympathetic ministrations of the ladies. (Applause).

The motion having been seconded by Mr. WALPOLE,

Mr. PRTE begged to thank the meeting for the kind way in which they had acknowledged his services. He regarded it as a great privilege to devote what time he could to the work necessary for the Hospital. ;

Mr. ROSHER responded on behalf of the Honorary Solicitor, who was unavoidably absent.

The Rev. DAORE CRAVEN replied for the Lady Visitors, and, in thanking the meeting for the kind way in which they had spoken of their services, remarked that his appointment to the Chaplaincy was very recent and he could not claim yet to an extensive acquaintance with the Hospital and its friends. But as to those ladies who so kindly visit the patients in the wards he had had considerable experience, and could say how valuable such services were, especially when rendered with such tact and kindness as ladies mostly displayed. (Applause.)

Major VAUGHAN MORGAN then rose to propose a vote of thanks to Lord Ebury, as Chairman of that meeting and Chairman of the Board of Management. Within the last few days his Lordship had reached his eightieth birthday. (Loud cheers.) There could not, therefore, be a better example of the success of homœopathy than Lord Ebury. (Applause.) Before he (Major Morgan) was a homœopath his Lordship was working effectively in its service, while as Chairman of the Board he could not say enough of him. Everything done under his auspices receives his attention. His great experience has always been of the greatest value, and the great charm of his presence on the Board was that when wanted he was always to be relied upon. Lord Ebury had rendered very great and signal service to the cause of homœopathy, and they only wished him many years of life and happiness. (Cheers.)

Dr. BAYES said his friend Major Vaughan Morgan had said everything he could have said by way of congratulation to Lord Ebury on his recent birthday. We all deeply feel that for a nobleman of such influence to devote so much time and attention to the affairs of the Hospital is of the greatest advantage to it. (Applause.)

The motion being put, was carried with acclamation.

LORD EBURY then thanked the meeting for their vote of thanks, and said he little thought that the fact of his having attained his eightieth year had become known beyond his own immediate neighbourhood. So long as he had health and strength he hoped to continue his connection with the London Homœopathic Hospital. (Applause.) He had noticed with much pleasure that at the commencement of the last session of the School of Homœopathy there was an address on the life of Samuel Hahnemann. The allopathic School of Medicine had its Hunter and its Jenner, and so the homœopaths had their Hahnemann. (Cheers.) He was glad that most eloquent oration had been printed for he had almost forgotten the very eventful life of the great founder of homœopathy. His Lordship again thanked the meeting for their approbation. He was present the other day

at the Guildhall, when the dinner was given to the Earl of Shaftesbury. He did not think he was ever more gratified in his life than by what took place on that occasion. When his Lordship and Lord Shaftesbury were at college together they used to play the flute and violin together; his Lordship playing first and Lord Shaftesbury playing second. (Laughter.) Well, that was reversed in actual life, Lord Shaftesbury playing first, and his Lordship playing—well, he supposed, twentieth. (Much laughter.) At all events, the Earl of Shaftesbury had lived a magnificent life. (Cheers.) With regard to the School of Homœopathy they hoped for its continued progress as an institution which would instruct medical men and students in the practice of a truer medical science. (Cheers.)

Mr. CHAMBRE then read the following telegram from Mr. Humphries, a member of the Board of Management, who was unable to be present: "I unite with my colleagues in offering respectful congratulations to our noble Chairman, my Lord Ebury, on attaining his eightieth year. I hope his life may be spared and strength given to continue in works of doing good to his fellow creatures."

After some further special business, the meeting terminated.

## NOTABILIA.

### INTERNATIONAL HOMŒOPATHIC CONVENTION, 1881.

THE following programme of this important meeting has been issued:—

President, Dr. Hughes; Vice-President, \*; Treasurer, Dr. Black, 33, Kensington Gardens Square, London, W.; General Secretary, Dr. Gibbs Blake, 24, Bennett's Hill, Birmingham; Local Secretaries, Dr. Hayward, 117, Grove Street, Liverpool; Dr. Burnett, 5, Holles Street, Cavendish Square, London.

An assembly of medical men practising homœopathically in all parts of the world will be held in London during the week July 11th—18th, 1881, to communicate thought and experience, to cement friendly union, and to confer as to the best modes of propagating and developing the method of Hahnemann.

This Assembly will be open to all practitioners of medicine qualified to practise in their own country. Those who desire to become members of the Convention should present to one of the secretaries, general or local, their names and addresses, and a statement of their qualifications; and, if unknown to the officers of the Convention, should be introduced by some one known to

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\* Dr. Hamilton was the originally-elected President; but, having resigned the office, the Vice-President, Dr. Hughes, has taken his place, and a new Vice-President will be elected by the Convention on the first day of its assembling.

them, or bring letters credential from some homœopathic society, or other recognised representative of the system. They will then receive a card of membership, which will admit them on all occasions.

The general meetings of the Convention will be held at the rooms of the Dilettante Society, 7, Argyll Street, Regent Street, on the Tuesday, Wednesday, Thursday, and Friday of the week of assembly, from 2.30 to 5.30 p.m., and on the Saturday at 2 p.m. Sectional meetings can be held in the Hall during the forenoons, as may be arranged among the members themselves. Members of the Convention are at liberty to introduce visitors to all these meetings at their discretion.

No papers will be read at the general meetings. The essays which have been sent in, and have been approved by the Board of Censors \*, are being printed, and will be supplied to all who desire to take part in the debates on their subject-matter. They will be presented at the meetings, singly or in groups, according to their contents,—a brief analysis of each being given from the chair; and the points on which they treat will then be thrown open for discussion.

The appointed openers will be allowed fifteen minutes, and subsequent speakers ten minutes, for their remarks.

The Chairman will have liberty, if he sees that an essay is being discussed at such length as to threaten the exclusion of the further subjects set down for the day, to close the debate. In so doing, he will give the authors of the essays discussed, if present, the opportunity of saying the last word before the subject is dismissed.

The discussions will ordinarily be conducted in English; but any member desiring to speak in another language can do so with the consent of the meeting. Such speaker, however, shall either obtain an interpreter, or shall, on rising, hand to the Chairman a *précis* of the remarks he purposes to make, which, at the conclusion of his speech, shall be communicated in English to the meeting.

## ORDER OF BUSINESS.

TUESDAY, JULY 12TH.

Address of the President.

Presentation of reports from the different countries of the world as to the history of homœopathy during the last five years, and its present state therein.

Belgium—Dr. Martiny, Brussels.

Canada—Dr. Nichol, Montreal.

France—Dr. Claude, Paris.

Germany and Austria—Dr. Dudgeon, London.

\* The Board of Censors has been made up of Drs. Hamilton, Hughes, Dudgeon, Pope, and Yeldham.

Great Britain and its Colonies—Dr. Pope, London.  
 Italy—Dr. B. Arnulphy, Nice.  
 India—Dr. Sircar, Calcutta.  
 Russia—Dr. Bojanus, Moscow.  
 United States—Dr. Talbot, Boston, U.S.  
 Discussion—On the Condition and Prospects of Homœopathy  
 at the present time, and the best means of furthering its cause.\*

WEDNESDAY, JULY 18TH.

*Institutes of Homœopathy and Materia Medica.*

1. Essays for Discussion :  
 "Thoughts on the Scientific Application of the Principles  
 of Homœopathy in Practice."—Dr. Hayle, Rochdale.  
 "Individualisation and Generalisation."—Dr. Hughes,  
 Brighton.  
 "A New 'Similia.'"—Dr. Woodward, Chicago.  
 Subject for Discussion—"The Selection of the Remedy."
2. Essay for Discussion :  
 "The Alternation of Medicines."—Dr. Martiny, Brussels ;  
 Dr. Bernard, Mons.  
 Subject for Discussion—"Alternation."
3. Essays for Discussion :  
 "Drug Attenuation: its influence upon Drug matter and  
 Drug power."—Dr. J. P. Dake, Nashville, U.S.  
 "A Plea for a Standard Limit of Attenuated Doses."—  
 Dr. C. Wesselhoeft, Boston, U.S.  
 "The Question of the Dose: Hahnemannism and Homœo-  
 pathy."—Dr. Cretin, Paris.  
 Subject for Discussion—"The relative value of Clinical and  
 Extra-Clinical Evidence as to the Efficacy of Infinitesimal Doses."

THURSDAY, JULY 14TH.

*Practical Medicine and Gynecology.*

1. Essays for Discussion :  
 "The Differential Diagnosis and Treatment of Yellow Fever."  
 —Dr. Holcombe, New Orleans.  
 "Indian Dysentery and Cholera."—Dr. Carter, Sydney ;  
 Dr. Sircar, Calcutta.  
 Subject for Discussion—"Homœopathy in Hyper-acute  
 Diseases, including Hyper-Pyrexia."
2. Essay for Discussion :  
 "Cancer."—Dr. Gutteridge, London.  
 Subject for Discussion—"The possibilities of Medicine in  
 Cancer."

\* The names of the appointed Openers and intending Debaters on each  
 subject will be announced from the Chair, and posted in the Hall of  
 Meeting, on the previous day.

8. Essays for Discussion :

"On the place of Mechanical Measures in Pelvic Disease."  
—Dr. Edward Blake, London.

"On the treatment of some Uterine Diseases."—Dr. Dyce Brown, London.

"On the treatment of some of the Affections of the Cervix Uteri."—Dr. Carfrae, London.

Subject for Discussion—"The treatment of the Affections of the Os and Cervix Uteri."

FRIDAY, JULY 15TH.

*Surgical Therapeutics, Ophthalmology, and Otiatrics.*

1. Essays for Discussion :

"A Report (by Dr. Dudgeon) on 'The Influence of Homœopathy on Operative Surgery,' by Dr. Bojanus, Moscow."

"Surgical Observations."—Dr. Watson, London.

Subject for Discussion—"The help brought by Homœopathy to the Surgeon."

2. Essays for Discussion :

"Therapeutics of Iritis,"—Dr. Vilas, Chicago.

Subject for Discussion—"The treatment of Iritis, Simple and Syphilitic."

8. Essay for Discussion :

"Notes on some Homœopathic Remedies in Aural Disease."  
—Dr. Cooper, London.

Subject for Discussion—"The place of Homœopathic Medication in Ear Disease."

SATURDAY, JULY 16TH.

Miscellaneous Business.

PRESIDENT'S RECEPTION.

On Monday, July 11th, at 8 p.m., the President will hold a reception at the Hall of Assembly. To this all members of the Convention are invited, with the ladies of their families; and it is especially desired that visitors from abroad should take this opportunity of becoming known to the officers of the Convention, and their colleagues in general. The Secretaries will be present, to enrol new members and issue tickets. Evening dress.

TESTIMONIAL TO LORD EBURY.

A MOVEMENT has been set on foot, chiefly, we believe, at the suggestion of Dr. Yeldham, to take advantage of the opportunity of the Right Hon. Lord Ebury's having attained his eightieth birthday, for homœopathic practitioners and others interested in homœopathy to present his Lordship with an acknowledgment of the eminent services he has rendered to homœopathy during a period of at least forty years.

It has been rightly estimated, that the value of such a presentation is contingent rather upon the number of those who have

taken part in it, than on any merely money worth it may possess ; and consequently, no subscription is to exceed one guinea—an arrangement which will enable all to contribute who entertain a due sense of Lord Ebury's constant and zealous efforts to advance the interests and sustain the rights of homœopathic practitioners.

The obstacles which were presented to the exercise of his profession by the homœopathic practitioner thirty years ago are scarcely capable of realisation now. To-day it would be impossible to obtain a verdict of manslaughter from a coroner's jury against a homœopathic practitioner who had failed to prevent his brother-in-law dying of cholera—but this actually occurred in 1849. To-day no licensing board could be found that would withhold its license to practise from a candidate who had passed a fair examination, on the ground that he was intending to study homœopathy. This happened in 1851. Now it would be hopeless to attempt to persuade the House of Commons to pass an Act which would enable a Medical Council to deprive the practitioner of homœopathy of all professional rights. This, however, was attempted in 1858.

We are quite within the mark when we say that it has been chiefly due to Lord Ebury's exertions that all disabilities of the kind have been removed. It is to his Lordship's efforts that we owe the 23rd clause of the Medical Act—a clause which is in very deed the charter of scientific medical liberty. Never has an opportunity of benefiting homœopathy, or of relieving homœopathic practitioners from professional tyranny, been placed within his Lordship's reach without his having warmly and earnestly availed himself of it. As the Chairman of the Board of the London Homœopathic Hospital, and as the President of the London School of Homœopathy, Lord Ebury has worked hard, and without the least regard to his personal ease and convenience, in advancing the interests of both institutions.

For the position of comparative ease and of freedom which all homœopathic practitioners enjoy at present, for the opportunities we possess of illustrating and teaching those truths in medicine in which we have acknowledged our confidence, we are indebted to no man in this country more than we are to Lord Ebury.

We trust, then, that no homœopathic practitioner will stand aside on this occasion, but that each and all will gladly and thankfully come forward to publicly acknowledge his obligations to the venerable nobleman who has, through so long a series of years, laboured so vigorously, so unremittingly, and so successfully in our interests.

Subscriptions will be received by Dr. Yeldham, the Treasurer, at 58, Moorgate Street, E.C. Up to the 23rd June the subscriptions amount to £178 15s. 0d. The subscription list will remain open during July, and we hope then to publish it. Meanwhile

we must express our regret that comparatively so few medical men have thus far taken advantage of this opportunity of publicly expressing their obligation to Lord Ebury. *Bis dat, qui cito dat.*

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#### MARSHALL'S PATENT SECTIONAL FEEDING BOTTLE.

THE supreme importance of cleanliness in all appliances for feeding purposes is universally acknowledged. Especially is it essential to infant-life, so susceptible as it is to the influence of the germs of disease. To clean thoroughly, to rub and brush in the lines and corners of the ordinary feeding bottle is often difficult. That constructed by Mr. Marshall is so devised as to admit the hand to all parts of its interior and enable a towel or brush to be freely used. It is very simple, not likely to get out of order easily, and is inexpensive. It is well worthy of the attention of medical men.

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#### HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this Society will be held at the Dilettante Club, 7, Argyll Street, Regent Street, at 10 o'clock on Wednesday morning, the 18th July. It is very necessary that as many members as possible should be present at this meeting, as very important business, as to the work and future of the Society, will be brought forward.

Gentlemen who may have any reports or suggestions to make should communicate at once with the Hon. Sec., Dr. Hayward, 117, Grove Street, Liverpool.

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#### BRITISH HOMŒOPATHIC SOCIETY.

THE annual assembly of this Society took place on the 22nd and 23rd ult., when Dr. POPE was elected President, Dr. DUDGEON and Dr. BLACKLEY (Manchester) Vice-Presidents, Dr. HAMILTON Treasurer, and Dr. RICHARD HUGHES Secretary for the ensuing year.

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#### HOMŒOPATHY IN GERMANY.

THE Berlin correspondent of the *Times* telegraphed the following interesting piece of news on the 27th ult.:—"A medical paper at Leipsic has been fined 100 marks and costs at the suit of 75 homœopathic doctors for publishing a lecture delivered to a Berlin Medical Society, in which homœopathy was denounced as quackery and swindling."

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### CORRESPONDENCE.

#### THE MEDICAL ACTS COMMISSION.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—It is time that those professional and laymen, who are interested in the scientific progress of medicine, should examine into the present state of medical law, with a view of

obtaining from the Royal Commission, now sitting, a rectification of any wrongs under which the public may be suffering. In the hope of obtaining a free expression of opinion in your pages, I send you these few lines.

There are nineteen bodies in Great Britain and Ireland who possess the power of granting licenses or diplomas, entitling those who have obtained them to register as general practitioners, surgeons, or physicians within these islands.

These nineteen halls, colleges, or universities recognise certain medical schools and hospitals in these islands as the only educational establishments whose certificates shall be received *as qualifying a student to present himself for examination.*

It is not enough for the present examining bodies that a man has qualified himself by study to pass an examination, but he must also have studied in a definite school. He may not enlarge his mind by studying practice partly in Vienna, partly in Berlin, Paris, New York, or other cities. Such certificates count for nothing. He must have studied for four years in England, Scotland, or Ireland. He must have attended so many hundred lectures delivered by lecturers attached to certain schools. He is not allowed to be examined, even if he have attained the highest amount of knowledge from his individual study of the best books, or from instruction received from the best possible professor, privately. He must have certificates from the recognised professors of these medical monopolies, extending over four whole years, whether he is qualified or not in a less time.

I have already pointed out some of these blots in the scheme of medical education in my paper read at the Leeds Congress. I have protested against medical teaching being made a monopoly. I always shall protest against this, as an injustice to medical students, an injustice to medical science, and an injustice to the public, on these grounds.

In the first place, such a scheme handicaps genius. The law which says that the candidate must show that he (or she) has practically studied medicine for at least four years before he can present himself for examination, is a good and proper law.

It would be quite proper if, in addition, it were insisted that such study should be conducted under the guidance of a legally qualified practitioner.

But when it is required that the four years must be passed at some public school, and that so many courses of lectures must be attended, and that so much public practice at certain hospitals must also be attended, a monopoly of teaching is created.

Again, the expenses of a medical education, such as to qualify a man to present himself for examination, amount at the present

day to so large a sum as practically to preclude many men of genius from entering the profession.

I doubt very much whether the average expenses of a medical education at the present are much under £1,000. Now, I know that there are many men who have a natural talent (one may even say have a genius) for medicine, who are quite unable to spare such a sum as this or even half or a quarter of that sum, to devote to the obtaining a medical license or degree. It is evident that men of natural talent or genius would greatly advantage medicine as a science and that the public would be great gainers in every way, were the difficulties removed which lay in the way of the attainment of medical licenses or degrees, by men of this class, and it appears to me that any true reform in the laws relating to the medical profession must commence by attracting to the medical ranks men of talent and genius, quite irrespective of their possession of the means to pay heavy professor's fees or large fees for hospital practice.

Another objection to the present monopoly in medical teaching is that an *esprit de corps*, in medical corporations, is sure to arise, and that enquiry into new developments of medical science is certain to be more or less discouraged by those who hold the chairs in established schools. As the late Archbishop Whately shrewdly and truthfully observed, "improvements in details are willingly accepted, but the introduction of totally new systems inevitably encounters strenuous opposition," and he instances that, in the olden mode of locomotion by coaches, any improvement in harness or in coach-building was accepted with avidity, while the introduction of the new mode of locomotion (by steam and railroad) was opposed with bitterness by all interested in coaching.

It is quite in accordance with precedent then that all who are interested in the older methods of medical thought and teaching should oppose any new method which would unsettle the old apothecary system and which should give a method of applying new therapeutic indications.

Now, it appears to me that the only way of assuring true liberty of thought and action to the professors and practitioners of the medical science and art, is to leave the candidate for the medical license or degree the utmost possible liberty to acquire his learning and education in any way he may select, and to make the examination of the candidate a true test as to whether he possesses the requisite qualifications to act as medical adviser to the public.

Let the examination extend over a week or more if needful—let it include examination at the bedside as to the candidate's knowledge of disease, and the different means of practical diagnosis—let it include his knowledge of principles of treatment, and in addition let him be well examined in all the collateral scientific and practical aspects of surgery, midwifery, chemistry, &c.

Let there also be examiners appointed who are well acquainted with each special therapeutic method, who shall (if asked to do so) examine and grant certificates in additional special subjects, such as Hydropathy, Homœopathy, Electricity, &c., &c. The range of medical science is so extensive that it would be well to encourage special acquirements in those desiring to practise specialities.

It is not possible to do more in the scope of a short letter than to give a few short suggestions, but it seems to me that each of our societies would do well to discuss within themselves these varied aspects under which the subject of medical education should be viewed. I feel sure you will open your pages to those willing to discuss the best way of our approaching the Royal Commission in order to protect the rights of the profession and of the public against any possible encroachment.

Yours very sincerely,

WILLIAM BAYES, M.D.,

*Hon. Sec. to London School of Homœopathy.*

88, Lansdowne Place, Brighton.

### STRYCHNIA AND NITRO-STRYCHNIA.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—As the so-called “*strychnic nitrate*” of the *British Homœopathic Pharmacopœia*, 1870, has come into such extensive use, and now that the normal *nitrate of strychnia* has been regularly proved and an account of its symptomatology published in Allen’s *Encyclopædia*, it becomes important that the attention of your medical readers should be called to the difference of chemical composition existing between the two preparations.

Ignoring the well-known products of the reaction of the *nitric acid* and *spirit* of the pharmacopœia process, this difference is similar to that between *glycerine* and *nitro-glycerine (glonine)*, the strong *nitric acid* producing a nitrate of a new base, *nitro-strychnia*, the presence of which is manifested by the yellow colour of the solution. The reaction may be represented as follows:—



In view of these facts, the pharmacopœial solution should always be prescribed as “*strych. nit. B. H. P., 1870,*” to distinguish it from the pure neutral salt of *strychnia* referred to in the provings.

We are, Gentlemen, yours faithfully,

59, Moorgate Street, E.C.

E. GOULD & SON.

June 18th, 1881.

### MICROPATHY.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—It is a very common habit, now-a-days, to expect novelties in art and invention from our Transatlantic neighbours ; and, as a general rule, the expectation is seldom disappointed. You will not, therefore, be surprised to hear that an enterprising Yankee has invented homœopathy ! It appears that a Dr. Maclean, of Washington, was some time ago attending a severe case of vomiting, in which all the ordinary remedies had failed. He administered one-sixtieth of a grain of *tartar emetic* every fifteen minutes, and found that it acted as an irritant of the organ affected ; he then reduced the dose to the one-hundredth of a grain, and soon saw that the disease was under control. "From this time," he says, "his practice was a succession of experiments to establish the truth of this theory, and he soon demonstrated that whenever a remedy irritates an organ, by reducing the dose to a certain point, it will act as a tonic to that organ. This certain point, roughly stated, is about one hundredth of the ordinary allopathic dose ; i.e., if the allopathic dose of rhubarb is ten grains, the micropathic (*sic*) dose is one tenth to one twelfth of a grain, but if this dose causes any irritation, it is a symptom that the quantity given has gone beyond the tonic action and must be reduced."

Shade of Hahnemann ! Has it come to this, that, at this time of day, a Yankee shall invent homœopathy, and with flourish of trumpets attempt to proclaim a new discovery in medicine !

The only modest feature in the affair is his hunting up of a new name wherewith to christen his bantling. Micropathy, forsooth !

*Lancet*, please copy. Now is your time, another American discovery in the realms of science to be assimilated and used as a stepping stone for the advancement of rational medicine. One wonders whether it is possible that honest and intelligent practitioners can read all these announcements, and not see the facts of homœopathy, *similia similibus curantur*, written in large type staring in their faces.

This present attempt to re-discover homœopathy is too puny to merit much notice, but the frequent recurrence of this class of announcement in the medical and scientific press shows surely the drift of modern thought.

The walls of Jericho fell with a deafening crash on the seventh day of the patrol of the Israelites. Already signs are not wanting of a crumbling and a tottering of the walls of the tyrannical bigotry which would try to keep homœopathy from breathing the pure air of freedom of thought and of literature. The final crash is not far removed. Our attitude in the present crisis should not be that of complacent handfolding-deprecation of publicity, nor

the indifference of the supine onlooker—worse often than open enmity. More aggressive homœopaths are needed, men who can hit hard, and who hate and are ever ready to expose cant and shams.

It only remains now for some educated Sandwich Islander to invent the locomotive, and for some enlightened Zulu to be the first expounder of the law of gravitation! Awaiting further developments,

16, Montpelier Row,  
Blackheath.

I am, Gentlemen, yours &c.,

A. S. KENNEDY.

### ARSENIC IN WALL PAPERS, &c.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—We must all feel indebted to Dr. Clarke for his earnestness in bringing this vital subject before the Legislature. Recently I was called to see a gentleman on the highest part of Ore, near Hastings, who had been ill since October twelve months, with intermittent symptoms, with sickness, occasional vomiting of bile. During this time he had his usual medical attendant, with the advantage of two consultations with celebrated allopaths from London.

By the desire of his sister I was called to his bed-side in consultation with the regular attendant, who described his case as jungle fever, for which he was giving *quinine* every day, and had continued it perseveringly so long that the lady thought it must be the cause, as *cinchona* had the power of producing such fevers. I therefore had it discontinued, and prescribed my favourite remedy, *eucalyptus globulus*, which warded off the next attack so accurately expected and calculated for by the doctor. I looked and drove all round Ore, to see if I could see or discover any marsh or fen that would account for this jungle fever. The neighbourhood was dry and healthy. The residence was a little too near the cemetery, but this offered nothing unhealthy. A week or two after my return home, letter after letter followed, detailing daily symptoms—patient getting better and worse, when I wrote to have the paper in the bed-room analysed, although it was a very modest colour, giving no suspicions of a deadly poison. In a few days a letter came—“*The paper is highly impregnated with arsenite of copper, which must be most injurious to the patient.*” I accordingly ordered instant removal to Tunbridge Wells, where the iron waters and changed air would act as an antidote, the paper to be removed, and common healthy whitewash to be substituted, as is my wont to recommend after all contagious diseases—diphtheria, scarlet fever, &c.

On the 11th of this month I went again to see my patient, now suffering from the debility produced by a return of the sickness two days previously, accompanied with the usual abdominal pains and irritation in the neck and region of the

bladder, with frequent desire to pass water. As the features exhibited bile and poison in the blood, I instantly suggested a light Turkish bath, with brisk shampooing on the breaking out of the perspiration, so we drove to the Hydropathic Establishment, and had a most enjoyable bath in well-ventilated rooms, which refreshed the patient and removed the yellow colour from the eyes and face. Notwithstanding all this evidence, the medical attendant is loth to acknowledge the paper poisoning by such small doses as could be inhaled through the lungs into the blood. He has also seen the exact analysis, which I have the pleasure of enclosing for the purpose of urging Government to immediate action. For many years I have had a dread of *arsenic* or *lead* in paper collars, from a case of spinal debility, approaching paralysis, which came before me for consultation.

Trusting that the medical officers of health may use their influence and power to compel house agents and their employers to act with justice and honesty towards their duped tenants,

I am, truly yours,

R. TUTHILL MASSY, M.D.

Park Road, Redhill, Surrey.

May 17th, 1881.

“ 64, PARK STREET, SOUTHWARK, S.E.

“ LONDON, 13th May, 1881.

“ Report of analysis of sample of wall paper received from W. B., by the desire of Dr. Tuthill Massy, and marked by us No. 3.

“ The surface powder scraped from the paper was digested, together with the paper itself (cut into small pieces), in *hydrochloric acid*, until the powdery substance was dissolved. The solution was then diluted and filtered.

“ *Sulphuretted hydrogen* passed into the solution produced immediately a deep yellow precipitate, which in a little time was very copious.

“ The precipitate thrown in a filter was well washed, and a portion digested in *ammonia*, which entirely dissolved it, it being again precipitated on addition of *hydrochloric*.

“ Marsh's test gave dense metallic rings, which, treated with *ammoniated nitrate of silver*, produced brick-red colour, thus demonstrating presence of *arsenic*. The ordinary tests gave evidence of presence of copper.

“ A sample of wall paper, received from J. S. Baker, Esq., of Surbiton, was also found to be impregnated with *arsenic* to about the same extent.

“ Analyst, HENRY CHILD,

“ In employ of DAVY YATES ROUTLEDGE.

“ 64, Park Street, Southwark.”

## NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Contributors and Correspondents are requested to notice the alteration in the address of one of the Editors of this *Review*.

SUBSCRIBERS TO THE HOMŒOPATHIC CONVENTION.—We have heard, with much regret, that our list published last month was imperfect. We had made arrangements for a corrected list to appear on this occasion, but these have been frustrated through a mistake in the Post Office. We hope to be more fortunate next month.

RYDE, ISLE OF WIGHT.—Since the death of Dr. LOWDER, which occurred several years ago, homœopathic physicians, who have had patients going to the Isle of Wight, have been at some disadvantage from there not having been a homœopathic practitioner there. This want has, we are happy to be able to state, been fully met by Mr. MACNUTT, who has recently settled in practice at Ryde, and has made arrangements for seeing patients at Ventnor and Newport. A Homœopathic Dispensary has also been set on foot.

KARLSBAD.—As some of our readers may be intending to visit this well-known watering-place during the summer, it may be a convenience to them to be informed that there are two homœopathic physicians there, Dr. THEODOR KAFKA, and Dr. LONDON.

Communications, &c., have been received from Dr. JAGIELSKI, Dr. WALKER and Mr. JAMES EPPS (London); Dr. BAYES (Brighton); Dr. SHARP (Rugby); Dr. HAYWARD (Liverpool); Dr. E. M. MADDEN (Birmingham); Dr. E. WILLIAMS (Clifton); Dr. MASSY (Redhill); Dr. WIELOBYCKI (Edinburgh); Dr. RAMSBOTHAM (Leeds); Dr. ARTHUR KENNEDY (Blackheath).

## BOOKS RECEIVED.

*On Diseases of the Nervous System.* By C. P. Hart, M.D. New York: Boëricke & Tafel. London: Homœopathic Publishing Co. 1881.—*Treatise on Diseases Peculiar to Infants and Children.* By W. A. Edmunds, M.D. New York: Boëricke & Tafel. London: The Homœopathic Publishing Company.—*Physicians and Homœopathy. A Reply to a Letter in the "Leeds Mercury," from a Leeds Surgeon.* By S. H. Ramsbotham, M.D., &c. London: Simpkin & Marshall.—*Critical Examination of the Encyclopædia of Materia Medica* by T. F. Allen, M.D. New York: Boëricke & Tafel.—*The Homœopathic World.* London.—*The Chemist and Druggist.* London.—*The Students' Journal.* London.—*The English Mechanic.* London.—*The Anti-Vivisectionist.* London.—*The New England Medical Gazette.* Boston.—*The Hahnemannian Monthly.* Philadelphia.—*The New York Medical Times.* New York.—*The United States Medical Investigator.* Chicago.—*The Clinique.* Chicago.—*L'Art Medical.* Paris.—*Bulletin de la Soc. Hom. de France.* Paris.—*Revue Hom. Belge.* Bruxelles.—*L'Homœopathique Militante.* Bruxelles.—*Allg. Hom. Zeitung.* Leipsic.—*Homöopathische Rundschau.* Leipsic.—*El Criterio Medico.* Madrid.—*Boletino Clinico del Instituto Homœopatico de Madrid.*—*Rivista Omnopatica.* Rome.—*La Reforma Medica.* Mexico.—*The Argus Newspaper.* Melbourne.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

# THE MONTHLY HOMŒOPATHIC REVIEW.

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## THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

LONDON, 1881.

THIS important meeting, which has been anticipated for so long by many of us, the preparations for which have occupied so much of the time and thought of some, is now an event of the past. Happily the retrospect it affords is one of undiluted satisfaction, of unalloyed pleasure. Rarely, if ever, has a gathering of the kind occurred which has left behind it so many pleasant memories.

If our hopes had been pitched somewhat too high regarding the number of those of our colleagues who would visit us from abroad, those who did give us the pleasure of offering them a hearty British welcome were precisely those we were most desirous of seeing amongst us, while we were assured that very many others, who would right gladly have visited our shores, were detained by circumstances entirely beyond their control.

From a scientific point of view especially, the meeting was a success of a high order. Limited as the subjects were to the influence of homœopathy upon the practice of medicine and surgery, the papers presented gave evidence

of that increase of original thought, of careful and un-biassed criticism which has so markedly characterised the work of homœopathic physicians of later times. The respect in which we hold the work accomplished by HAHNEMANN, the reverence with which we regard his memory, is far from being diminished—is rather increased by the critical investigations to which the results of his labours, and the conclusions he evolved from his untiring study of therapeutics, have, in these latter days, been subjected. The day has gone, and gone for ever, when a homœopath is supposed to be obliged *in verba magistri jurare*. Scarcely one single paper presented at this Convention can be quoted, in which the critical faculty did not find full expression when discussing propositions emanating from the works of HAHNEMANN and of his earlier disciples. The discoveries of modern science, while they have confirmed much that in the writings of HAHNEMANN at one time appeared doubtful to many minds, have, in other instances, tended to prove that the great practical therapist was in error. These spots on the great luminary of therapeutics detract not one jot from his reputation as the man who, of all others, has exerted the widest and most powerful influence upon the modern drug-treatment of disease. They were the necessary consequences of the state of science when he was in the prime of life—now eighty years ago!

The meetings were appropriately opened by an Address from the PRESIDENT. Scholarly in style, graceful in expression, replete with feeling of the purest type, Dr. HUGHES appealed, as he is ever wont to do, not only to the heads, but to the hearts of his audience, and gave a tone to the proceedings which was sustained to the last.

The reports of the progress of homœopathy in America, and in the various Continental States, afforded !gratifying

evidence of the increasing appreciation in which the therapeutic method, we are endeavouring to make more widely known and more clearly understood, is held.

The speeches which followed showed that the circumstances of each country render different plans of action requisite in each in advancing the interests of homœopathy. About the importance of public teaching, of extending hospitals and dispensaries, and of still further improving our literature, there was no dispute. The only questions raised were, as to how each method might be adapted to the exigencies of each country. Union in whatever is practicable was strongly urged.

In another part of this number we give brief abstracts of the papers read. We regret that our space does not allow of our reproducing the discussions which took place. The papers *in extenso*, with full reports of the debates, will appear in the *Transactions*. These, collected in one volume, may be confidently looked for within a very few weeks. We would urge all our colleagues, and indeed everyone interested in the progress of homœopathy, to at once subscribe for a copy. Names of those who desire to do so will be received by Dr. HUGHES.

Independently of the scientific interest attaching to a gathering of the kind which has just occurred in our midst, is the great advantage which accrues from men, who in different parts of the world are engaged in the same work, are endeavouring in various ways to forward the same interests, becoming personally acquainted with one another. Thus, on the present occasion, we had with us Dr. SAWYER, of Monroe, in Michigan, to whose energy we owe it, in great part, that homœopathy is taught in the University of that State; Dr. TALBOT, of Boston, the Dean of the medical faculty of the Boston University, and one of the pillars of homœopathy in the United States; Drs. DAKE,

of Nashville, and CONRAD WESSELHÆFT, of Boston, whose thorough and careful investigations of many matters of posological dispute have contributed greatly towards bringing us within "measurable distance of a rational solution of the 'dose question ;'" Drs. HELMUTH, of New York, and M'CLELLAND, of Pittsburgh, whose reputation as surgeons has extended beyond the limits of their own country ; while from France we had the pleasure of welcoming Drs. CLAUDE and LÉON SIMON, *fils*, of Paris—names well known to us all as contributors to medical literature ; Dr. MEYHOFFER, of Nice, a physician long known and respected in this country ; Dr. VON DITTMANN, of St. Petersburg, one of the most cultivated of Russian physicians ; to meet these and many others, to discuss points of common interest with them, and to listen to their views on questions regarding the progress and extension of homœopathy, was a source of much advantage to us all.

One of the objects set out in the programme as being held in view by the Convention was that of cementing friendly union. Never do we remember a meeting at which this very desirable result was more fully or more completely attained. And this not only between British, American, and Continental homœopathists, but more especially amongst ourselves. We have had many sharp discussions during the last few years—discussions which have excited considerable feeling—and have been productive of most undesirable and uncalled-for dissensions. We trust that our assembling together in debate and in social union during that hot week of last month will have as one of its many valuable results the obliteration of any unkindly feeling that may have been generated by past disputes ; and that the International Homœopathic Convention of 1881 may be signalised as the occasion on

which a full and complete union of all homœopathic physicians in this country, in making a strenuous effort to advance the interests of homœopathy, to increase a knowledge of the therapeutic method developed by HAHNEMANN by every practicable means within our reach, was fully accomplished.

In union is strength ; and by united effort, by the sinking of individual crotchets, by loyally carrying out the views and wishes of the majority, by earnestly endeavouring to improve and develop our homœopathic institutions, we shall, in due course, accomplish the end we have ever had in view, the indoctrinating of the entire profession of medicine with the great truths expressed in the word HOMŒOPATHY.

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## THE CURE OF DISEASES BY MEDICINES.

BY WILLIAM SHARP, M.D., F.R.S.

“Les sciences naturelles ont eu, comme l'histoire, leurs temps fabuleux. L'astronomie a commencé par l'astrologie ; la chimie n'était naguère que l'alchimie ; la physique n'a été long-temps qu'une vaine réunion de systèmes absurdes ; la physiologie, qu'un long et fastidieux roman ; la médecine, qu'un amas de préjugés enfantés par l'ignorance et la crainte de la mort, &c., &c. Singulière condition de l'esprit humain, qui semble avoir besoin de s'exercer long-temps sur des erreurs avant d'oser aborder la vérité !”—MAJENDIE.

THE world is saturated with sickness and death. It is our familiarity with these painful events which makes them not more alarming to us than they are. Nevertheless, in all civilised nations it is the duty of certain men, who have been set apart for it by a serious student life, to endeavour to cure sickness, and to stave off death. This is the benevolent duty of the medical profession, and the reason for its existence. To aim at the improvement of the education for this great duty is the design of this Paper.

The task for which medical students are to be prepared is an extremely difficult one, and it is of the first moment that they should be encouraged to fit themselves for it by every hopeful thought. They are to believe in the preventibility and curability of disease. They are to learn that knowledge is power ; and that, were their knowledge perfect, their power would be equal to the emergencies of their duty, and that then they might hope that their patients would die only of old age. And though this perfect knowledge cannot be attained, it may be held up before them as the object to be aimed at.

They are to be encouraged to lay aside all methods of treatment of an *indirect* kind: for example, the use of medicines which act on the healthy parts, on the principle of revulsion or counter-irritation. They are to seek remedies which act upon the diseased parts, and which cure in a *direct* manner.

They are to understand that diseases are the result of the meeting together of two causes—a predisposing cause and an exciting cause; and inasmuch as all predisposing causes and all exciting causes act locally, that all diseases are local; and, consequently, that all diseases can have a *direct* local treatment.

Now, it is admitted on all hands that while anatomy, physiology, and pathology, as well as such helping branches of knowledge as botany, mechanics, and chemistry, have assumed the form of sciences, the condition of therapeutics—the ultimate aim of all medical knowledge—is in the highest degree unsatisfactory. If the matter may be put plainly, we have had medicines given us to cure the sick, and we have not yet learned how to use them. This is a great reproach, and as the fault cannot be laid to the charge of want either of talent or of industry, it argues an error in the methods pursued. When students have discovered this, they cannot but desire and look out for some new method, which shall be more certain and more successful.

It is wished to invite their attention to some of the results of a long and practical study of the action of drugs, with reference to the use of them as remedies in disease. And seeing that these remarks are offered to students, it is hoped that none will be offended if they are elementary. I remember Majendie, in one of his lectures on physiology, fifty-four years ago, standing silent for a moment, and then saying something like this: “Gentlemen, we must be willing to begin at the beginning; to begin as if we knew nothing about physiology; and to try to instruct ourselves in rudimentary facts!”

And let us go direct to the question at issue—the cure of diseases by medicines. For diseases are urgent; death is not distant; the physician’s own life is short; therefore time presses, and we cannot afford to travel in a circuitous lane shut up by *customary* banks and hedges, and having no visible end; nor on the gravelled path of a park, whose

turnings are guided by *fashion*. We must go as the crow flies.

We suffer from diseases, and we have had medicines given us for their cure ; but between the course of diseases and the action of medicines there is a chasm which has not yet been bridged over. Consequently, it has to be confessed that upon the use of medicines the profession has neither settled opinions nor satisfied feelings. The consciousness of this chasm never was so clear as at the present time, and it follows that doubt, uncertainty, and even scepticism in the efficacy of medicines, never were so prevalent as they are now ; this is the dark side. But every subject has two sides, and the other side of this is a bright one, for it is a hopeful opportunity to start afresh on a new path.

It is known to all, that for more than two thousand years physicians have laboured unweariedly to bridge over this chasm by *theories of disease*. It is equally well known that all this labour has ended in a failure.

It is also known that during the early period of this time, and still more during the latest, there has been among physicians an *empirical* school, the fundamental principle of which is that "each remedy which has cured one disease must also cure analogous diseases." A proposition possessing, in the opinion of these thinkers, all the clearness and infallibility of a mathematical problem. Two facts are fatal to this method. (1). It leaves a very large number of diseases without any remedy whatever. (2). It offers no assistance towards finding any remedies for them. This school contents itself with thinking that the chasm between diseases and remedies *cannot be bridged over*.

Thus it appears that through long ages speculative physicians have striven to carry a bridge across this gulf, and have failed. Speculation without experiment must always fail ; it is little better than dreaming. On the other hand, practical physicians have comforted themselves with the thought that no bridge can be built over the gulf, and have satisfied themselves with accident and observation. But accident and observation without experiment must also fail. Such work is a miserable trudging round in a trodden circle in which progress is impossible. Before either speculation or observation can be accepted it must be verified by experiment. A question arises—what kind of experiment ? Not experiments on the sick ; these have been tried to the

uttermost and have failed. The question is repeated—what kind of experiment?

During the present century two experimental schools have been actively—nay, enthusiastically at work. The endeavour of one is to found the treatment of sickness on the facts of physiology and pathology. This school accepts as its method experiments on the lower animals in health. The other school does not rest on a physiological and pathological foundation, but on the knowledge of the symptoms of disease and of drug action. Its method is experiments on ourselves in health; and its therapeutics are founded on a comparison of the symptoms of diseases with the symptoms thus produced by drugs taken in health. It will help to explain the purpose of this Paper if a few remarks are offered upon these two methods.

The first, often called the physiological method, which is founded upon experiments on the lower animals, puts forward a claim to a degree of certainty and precision not hitherto met with in therapeutics. By its experiments on living and healthy animals it hopes to learn the true action of drugs, and in this way to discover the cases in which each should be used, and the objects for which it should be prescribed. Very great zeal and labour have been devoted to this pursuit, but the results have not been in proportion to them. Some old medicines have been examined in this manner, and a few new ones have been added to the *Materia Medica*. Two remarkable poisons have been selected to illustrate this mode of experiment and prescription. These are *upas* (*teutè*, not *antiar*,) and *curare*. *Upas* causes convulsions; *curare*, paralysis. *Upas*, therefore, is prescribed for paralysis; *curare* for convulsions. In both instances careful distinctions are made as to the precise kinds of convulsions and paralysis which are caused by these poisons, and elaborate anatomical details have been prosecuted to discover the exact actions of each of them. Chemical analysis of the *upas* shows that it contains *strychnine*, which produces similar convulsions; but the analysis of *curare* reveals *no strychnine*. Now, the recent publication by Dr. Rd. Schomburgk, giving the best information yet communicated as to the production and composition of *curare*, tells us that it is obtained by the natives of Guiana from eight trees, several of which are *strychnos* trees. The preparation of *curare* by these people is a complicated and superstitious process, and it

may be that the *strychnine*, which must exist at the commencement of the process, becomes before the end of it so reduced in quantity as to elude detection by our present chemical analysis. Should this be the true condition, the contrary effects of *upas* and *curare* are the contrary effects of larger and smaller doses of the same drug. It may be that there is some drug in *curare* of which we know nothing. Only further experiments can throw light into this darkness.

And with regard to the use of these two drugs as medicines, which have thus been put forward as successful examples of the physiological method based on experiments on animals, it must be remembered: (1) That we know nothing accurately of their mode of preparation; (2) That we have no assurance of uniformity in the preparations themselves; (3) That we are not sufficiently acquainted with their composition; (4) That we are quite uncertain as to any uniformity in this composition; (5) That we have not sufficient certainty that their action on man is the same as that on frogs; (6) And that we have no knowledge of the doses, and their different actions. Until these conditions are altered, such dangerous poisons cannot be used as medicines either extensively or safely. This is the first or physiological method, founded on experiments in health on the lower animals. When it is tried by the final court of appeal—the amount of its success in curing disease—the judgment is unfavourable.

The second method, that of experiments upon ourselves in health, and the careful registration of all the symptoms produced, without reference to physiology or pathology, has also been pursued with much enthusiasm. Besides an experimental examination of the drugs we already possess, some hundreds of new substances have been added to the *Materia Medica*. In this school the study of diseases is to be carried on in the same manner, and a similar collection of symptoms is to be made. The therapeutics consist in finding for the picture of symptoms which each patient presents, a similar picture among the symptoms which have been produced by drugs taken in health. The drug which is found to correspond with the patient's symptoms is to be given in small doses, as the best remedy which can be found. This course of proceeding appears superficial, and, therefore, notwithstanding its remarkable success in practice, it fails to satisfy the

medical mind, which craves for something more like science, and something more to justify the existence of a medical profession. It is true that many members of this school have made great efforts to combine pathology with the treatment by symptoms, but with only partial success ; for, so long as the results of the experiments on which the practice is based remain in their present form, the extent to which this combination can be carried is very limited.

Students will now see that another method is demanded. They know that at the present time two schools are very earnestly engaged in experiments ; the first in experiments on living animals in health, with special regard to physiology and pathology ; the second in experiments on man in health, with regard to symptoms only. Sooner or later they will know the deficiencies of both these undertakings. Their attention is now called to a third method of experiment, which is to be briefly explained in this Paper. It consists of one-half of each of the other two. Like the first, it has special regard to physiology and pathology, but it repudiates experiments on the lower animals. Like the second, its experiments are upon ourselves, but it seeks to learn from these experiments, and from cases of poisoning, both the seat of the action and its kind. This method, therefore, supplies something more, which may satisfy the desire of the professional mind. An outline only is admissible on the present occasion, and this may be sketched by considering (1) How to study this method ; (2) The results already obtained from it ; (3) How to use these results in practice.

#### I.—*How to study this Method.*

It is to be taken for granted that the student has acquired the best knowledge of the structure and functions of all the organs of the body which anatomy and physiology can teach him, along with a sufficient acquaintance with the collateral branches of science. He then meets with disease, and has to undertake its cure. To do this he must have some method ; that now proposed requires to be diligently studied.

It has already been remarked that disease results from the meeting of two causes—one called the predisposing, the other the exciting cause. Each of these demands a separate study.

1. *Predisposition*.—This is local, and belongs to each organ of the body. It deserves more careful study than it has yet received. Each organ has its own structure and functions; its own conditions of health; its own disorders and diseases, even its own kind of inflammation; and its own modes of recovery; and necessarily, therefore, its own predispositions, and which are subject to much variety. Predisposition is a field of science, and it ought to be cultivated as such. A few words on one organ, as an example of what is meant, may be of service. Let the student take the *heart*, and look at its possible predispositions. Its muscular fibres involve a liability to such structural changes as growth or emaciation, specially in the walls of the ventricles, which are liable to thickening and thinning; and to such functional changes as increased or diminished frequency in their contractions or beats, and the greater or less strength or volume of these; its cavities are liable to alterations of size, to diminution or dilatation; its valves to softening or hardening; its coronary arteries and veins to inflammation, congestion, and all other derangements of the circulation of the blood; its nerves to increased or lessened sensibility. It follows that in making a diagnosis relating to a morbid condition of the heart, the student will ascertain, if he can, towards which of these liabilities there has been an undue tendency, by which the equilibrium of health has been disturbed, and a predisposition acquired. And this, which is true of the heart, is true of every organ of the body.

In experiments on ourselves in health with drugs, the same attention has to be given. The organ where the action takes place must be studied in regard to the possible predispositions of its structure and functions; and the existing predisposition is to be noticed as one of the two causes, by the conjunction of which the effects observed have been produced.

2. *Exciting Cause*.—The action of all the common exciting causes of disease is also local, and in every case demands from the student careful investigation. These causes are individualised, and their effects explained in all our standard works on the practice of medicine.

In experiments on ourselves in health the exciting cause is the drug we are taking. We are to know enough of this to be clear about its obtainment or preparation, and the permanency of its composition, so that others may be

able to experiment on the identical substance. We are to take it in a known dose, to observe its effects, to note their succession, to ascertain as accurately as we can the whereabouts of its action, and its kind of action; and having noticed the predisposing cause, to record the whole just as we should a case of illness from any other cause.\* At other times we are to experiment with the same drug in different doses, and to note whether the action is in the same or in some other locality, and whether it is of the same or of a different kind.

It will be objected that we cannot carry these experiments on ourselves far enough; that we are not to kill ourselves with a drug and be dissected, that the morbid anatomy of its action may be learned. It is replied: This is not necessary. Opportunities of learning the pathological changes of structure produced by the more powerful drugs are furnished by the cases of poisoning which occur from accident or intention; and which, unhappily, are more frequent than is required for this purpose.

## II.—*The results already obtained from this Method.*

1. In all time past, when drugs have been given to men, they have been given to them when sick. The phenomena caused by their action were, therefore, always obscured by the phenomena of the disease with which they were mixed. In experiments with drugs on healthy persons this complication is avoided. In all time coming, the true action of each drug may in this manner be ascertained with clearness and certainty. This is the first result.

2. It is proved by these experiments in health that each drug has an action peculiar to or characteristic of itself. This action is adapted to the predisposition of some organ or organs of the body; the two fit each other. The effects which follow the taking of the drug are the produce of this mutual fitness. This is the second result.

3. The third result is also one of great moment. It is the truth of a general fact of great practical value, namely, that all drugs have a local action; they act on some organ or organs, or parts of an organ of the body, in preference to others. From giving medicines to the sick this fact has

\* This forms the subject of Essay XVI., a Paper read at the Meeting of the *British Association for the Advancement of Science*, held at Nottingham in 1866.

long been partially known. It is now proved by experiments in health, that the action of every drug is local, and by experiments in health and in illness, that it is in the same part, whether that part is healthy or sick.

4. The fourth result, like the others, is of great practical importance. Each drug, in certain larger and smaller groups of doses, has two kinds of action—the one contrary to the other. Between these larger and smaller doses there is an intermediate group, having actions apparently irregular, of both these contrary kinds, sometimes like that of the larger doses, sometimes like that of the smaller. These actions are governed by predisposition, and are made irregular by its variations. As this fourth result has not yet been generally received, it may be well to give students a few examples of it *from experiments in health*, as illustrations, and, as far as they go, as proofs:—

*Action on the Heart.*—The larger doses of *aconite* increase the heart's action and quicken the pulse; the smaller doses diminish its action and make the pulse slower. The larger doses of *digitalis* weaken the heart's action; the smaller doses strengthen it. The larger doses of *phosphorus* quicken the heart's beats; the smaller doses slow them.

*Action on the Pupil.*—The strong tincture of *belladonna* rubbed over the eyebrows dilates the pupil; a weak tincture applied in the same manner contracts the pupil. The tincture of *physostigma* (*Calabar bean*) applied in the same manner produces the reverse effects: the strong tincture contracts the pupil; the weak tincture dilates it.

*Action on the Stomach.*—The larger doses of *arsenic* destroy the appetite; the smaller doses exaggerate it.

*Action on the Liver.*—The larger doses of *chamomilla* diminish the secretion of bile; the smaller doses increase it. Contrary actions of a similar kind are produced by *myrica* (*bayberry*), and by *mercury*.

*Action on the Bowels.*—The larger doses of *arsenic*, *mercury*, and *castor oil* cause diarrhoea; the smaller ones constipation. *Bryonia* and *opium* act in the reverse manner; the larger doses constipate the bowels; the smaller ones relax them.

*Action on the Brain.*—The larger doses of *opium* oppress the brain; the smaller excite it. For further details on this subject former Essays must be referred to.

### III.—*How to use these results in practice.*

The student having ascertained, as correctly as he can, the seat and kind of disease in the case before him, the following rules of treatment may be suggested for his guidance :—

1. *Study the predispositions of the parts affected.* Predisposition is local. Each organ has its own predispositions. What these are may be learned with certainty by understanding three things : first, the structure of the parts ; second, their functions ; third, the predispositions now showing themselves.

*Their structure.* This will be best explained by taking some organ as an example. The heart has already been used for illustration ; let us now take the *brain*. Here we see the peculiar structure of the cerebral substance, and of the nerves proceeding from it ; the blood-vessels, arterial and venous ; the membranes, &c. The cerebral substance is of such delicate and minute workmanship that we cannot learn its final condition, and are obliged to content ourselves with obscure notions respecting it and its changes ; we can, however, perceive that it may become harder or softer. Of the circulation we can see that there may be dilatation or contraction either of the arteries or of the veins ; that they may contain an increased or diminished quantity of blood ; and that this fluid may move faster or slower than in health. We can also notice that the membranes may be thickened, and that the arachnoid may become white ; that the cavities may have a fluid in them ; and that there may be blood outside the vessels. The structure of all the other organs must be studied in the same manner.

*Their functions.* Continuing our reference to the brain, we are to notice that the functions of the cerebral substance are connected with the mind ; that they admit of exaltation, depression, or perversion ; that there may be increased, diminished, or perverted sensation ; increased, diminished, or perverted will and voluntary motion. The functions of other organs are to be similarly observed.

It will be understood that when the balance between the different parts of the structure of an organ and between its various functions is perfect, there is not predisposition but health. When the balance is overthrown and there is a leaning to any side—that leaning is the predisposition. While this leaning remains the same, many different exciting causes will produce the same disease ; this is the

reverse condition of those cases in which the same exciting cause produces different diseases in persons having different leanings.

*The predispositions showing themselves in the patient.* It is not only possible, but generally easy to observe these. For example: the student is called suddenly to a patient who has fallen down in a state of insensibility or coma, with laborious breathing, a bounding pulse, and a flushed face — in medical language in a fit of apoplexy. If he will analyse these symptoms and separate the exciting from the predisposing cause, he may find that the exciting cause has been heat, or cold, or muscular exertion, or mental agitation, or some other cause (not including poisoning, as by alcohol or opium); and that the predisposing cause has been a leaning to distension of the veins in the brain, and to retardation of the flow of blood through them; the result of the two causes being a condition to which the term *congestion* is applied.

2. *Study the action of drugs as seen in experiments on ourselves in health.* We have learned from these experiments that each drug has a characteristic action, which in its degree is dependent upon predisposition; that this action is on particular parts only, and so is local; and that it has two contrary kinds of action in larger or smaller doses. Let us now help the student with his case of apoplexy. He must first look for the drugs whose local action is in the brain; he will find several, as *belladonna*, *stramonium*, *opium*, &c. He is next to examine these as to the particular parts of the brain where their action is most visible; and then as to their kind of action. He finds that *belladonna* acts mainly on the arterial circulation, causing in certain larger doses, inflammation; that *stramonium* acts on the cerebral substance and nerves, causing in the larger doses, convulsions; and that *opium* acts mainly on the venous circulation, causing in the larger doses, congestion. Now our student is happy. He knows that certain smaller doses of each drug act in the same locality as the larger doses, but in the contrary direction. He knows that drugs in any doses will at least try to act in disease as they act in health. He knows that the larger doses of *opium* act on the venous circulation of the brain and cause congestion, and that the smaller doses will act in the contrary manner; therefore, he has found the remedy for his case of apoplexy; he gives it,

perhaps only can put it with difficulty into his patient's mouth; and, if his experience shall be like mine, he will have the intense pleasure of seeing his patient recover—perhaps rapidly recover.

This, it seems to me, is the bridge which reaches across the gulf between diseases and their remedies. It is now seen to rest, on one side of the gulf, on local predisposition; and on the other, on the local action of drugs. When this bridge has been put in requisition by the medical profession, Sydenham's yearnings for a method "fixed, definite, and consummate," will be accomplished.

The statements made in this paper are believed to be, not *opinions* but *facts*. It is obvious that such statements cannot be disproved by arguments, but only by more numerous and more accurate experiments. These experiments being upon ourselves call for the exercise of some self-denial; in return they give us an acquaintance with the action and use of medicines which cannot be obtained in any other way.

Rugby, April 14th, 1881.

### ON DYSMENORRHOEA.\*

By D. DYCE BROWN, M.A., M.D.

(Continued from Page 346).

THIS passage from Dr. Barnes does not give the sufferer or student much encouragement to look to allopathy.

Let us then see what homœopathy can offer.

The medicines which are of most value in relieving the pains of dysmenorrhœa at the time of the pain are derived chiefly from the "new" American remedies.

Foremost, perhaps, in importance is the *gelsemium sempervirens*. This medicine has a remarkable action on the cerebro-spinal nerves, and through it upon muscular tissue, voluntary and involuntary, details of which you will hear fully described by my esteemed colleague, Dr. Pope, and I therefore, with this general statement, pass on to notice its bearing on the subject in hand.

It is one of those medicines which are now being adopted largely by allopaths (without ever, of course, hinting that it has been in use by homœopaths for years), in neuralgia of the face and teeth, &c., but they seem not yet to have

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\* Being one of a Course of Lectures on Practice of Medicine, delivered at the London School of Homœopathy.

“discovered” its great value in relieving the pains of dysmenorrhœa. As with many of the “new” remedies, the provings in women are scanty, and in the provings of *gelseminum* the only symptom indicating its use in dysmenorrhœa is “severe, sharp labour-like pains in the uterine region, extending to the back and hips.” This is part of a long symptom, which is reported as follows:—“Severe pain in the forehead and vertex, with dimness of vision; roaring in the ears; a sensation of enlargement of the head, and a ‘wild feeling,’ a compression, almost amounting to delirium; the pain in the head, which was of a pressing, heavy nature, would at times disappear, the concomitant symptoms being at the same time ameliorated, and severe, sharp, labour-like pains would set in in the uterine region, extending to the back and hips; these pains would in turn leave, and the pain in the head would recur immediately after.” This fully described symptom points to the neuralgic character of the uterine pain of *gelseminum*. Clinically, it has been found of the greatest service, and in my own experience I find it a medicine which could not be dispensed with. It is very rarely that it does not give marked relief, and in fact I may say that I in the majority of cases prescribe it first, and seldom have to use any other medicines.

The cases in which it is useful are principally the neuralgic and congestive varieties. We know the marked power of *gelseminum* on the spinal cord, and the spinal nerves, and in relieving spasm and neuralgic pain generally. In cases of neuralgic dysmenorrhœa, in which spasm and neuralgia are combined, it will almost infallibly relieve the pain very rapidly. Cases I have seen over and over again, where the pain has been most intense, and where hot brandy and water had been resorted to, after failure of all allopathic remedies, till a species of drowsy intoxication was induced, and when, under the use of *gelseminum* the pain was in a very short time reduced to a trifling amount, “hardly worth speaking of,” as is often remarked. I generally prescribe the 1x dilution, 5 drops to be taken as soon as the pain is felt, and repeated every half-hour till the pain has gone. One or two doses will often do all that is required, and seldom more than four or five doses are necessary. If this should not succeed as expected, I should give the mother-tincture, one or two drop doses in the same way. These last doses have never, in

my experience, produced any disagreeable head symptoms. One lady, on her own responsibility, took 15 drops at once of the  $\phi$ , with almost instantaneous relief, and no disagreeable effects in other parts of the body. As a rule, however, the 1x dilution is sufficient.

2. In congestive dysmenorrhœa it is equally valuable, and may be given in the same way.

3. Even in well-marked mechanical dysmenorrhœa I have seen it of such marked effect in the 1x dilution, given in the above way, that operation was rendered unnecessary.

One of the most marked and unmistakable cases of this kind, I had two years ago. A lady who had had no family had all her life been subject to intense dysmenorrhœa. The pain had been perfectly agonising during the whole period. it quite prostrated her, so that she dreaded her monthly suffering. She told me that she had had the cervix dilated by one of the first gynæcologists in Ireland, with only temporary benefit. She then had it incised by one of the leading gynæcologists in London, with decided relief for three or four years, but that latterly it had become as bad as ever. I could not get the point of the ordinary sound into the os externum, nor even the point of Barnes' flexible sound. With the use of *gels.* 1x the pain became so trifling that it was nothing to speak of, and passed off soon. I saw her a year after, and she told me that with the medicine she really had no pain to speak of. I relate this case, because its nature was indubitable, while the results of internal treatment were equally so, and this after the failure of both dilatation and incision. As she is now within a few years of the menopause, she has dismissed all idea of further operation, which she had contemplated. *Gels.* is certainly an incalculable boon to the female sex.

The symptoms which I have found indicating *gelseminum* are described shortly in the pathogenetic symptoms I quoted. The patient does not feel the pain confined to the uterine region, but it goes from there to the back, where it is felt severely, and all round the pelvis, and down the thighs, and has the forcing down character prominently, as well as the severe indescribable aching.

The next remedy I have to mention is *caulophyllum*,—a medicine I have already had occasion to speak of. It was known to the American aborigines and the original settlers as "squaw-root," from its proved value in female complaints. Unfortunately we have no provings of it by

women, so we are obliged to resort for our knowledge of it to the clinical results. These, which have been extensive, show that *caulophyllum* has a specific affinity for the uterus. In full doses it seems, so far, to resemble *secale* in its action; producing severe labour pains, increasing feeble pains, and in small doses (its proper homœopathic action) it relieves spasmodic, irregular, or over-severe pains, prevents abortion when threatened, and relieves the pains of dysmenorrhœa. Its value in the latter is now well known, and, for myself, I value it next to *gelseminum*. It is indicated by the same class of symptoms, and in the neuralgic and congestive varieties; and I have found it succeed when *gelseminum* had failed to yield the result I expected. I have generally given it in the mother-tincture, gttj., every half-hour till pain is relieved, which it usually is quickly.

I well remember the first case in which I prescribed it. A young lady had suffered ever since the onset of the period with severe dysmenorrhœal pain. Her mother said she had to go to bed the first two days, and used to roll in agony during the first day. I prescribed the *caulophyllum*  $\phi$  as described. I happened to be in the house the next day, when her mother asked me if I had given her an opiate, as after the first dose, she had fallen asleep, and after a good sleep had got up quite free of pain, the first time such a thing had occurred.

Nearly equal in value is *xanthoxylum fraxineum*, the prickly ash. In the provings we have unmistakable evidences of its power to produce dysmenorrhœa. In one prover, the menses came on a week before the time, and with "a good deal of pain." In another, it came on two days before time, and was proceeding quietly, when, after taking twenty drops of the tincture, the following is reported: "all the system quiet, with an unnatural forcing of nature; went to sleep as usual, and woke in *dreadful distress and pain*, baffling description; profuse flowing; the pain, or agony, continued till noon of next day, when it gradually subsided." Dr. Hale, in his "New Remedies," says he has given this medicine in dysmenorrhœa with marked success. Dr. Cullis, of Boston, whose observations are quoted by Hale, says, "I think *xanthoxylum* more especially indicated in females of spare habit, nervous temperament, and delicate organization. In some cases of plethoric habit it has failed me." It would seem, from this proving, to be specially suited to dysmenorrhea with

profuse flow, but I have used it in several cases where this was not markedly present, with most decided and rapid relief. I have generally given it in the 1x gttv, or in the  $\phi$  gttj every half-hour, till relieved.

*Actæa racemosa*, although the uterine provings are rather more scanty than we like to see, yet has evidently decided power of producing dysmenorrhœa. Thus we find: "During menses, very severe down-bearing forcing pains." "Taken unwell in the morning; wandering pain in the back, and around hips, inside, lasting all morning; quite severe at 10, when she was obliged to lie down; has never had so much pain during menses." It is not a medicine I can speak of from experience during the pain (except in cases where it has been given during the whole interval, and continued during the flow), but marked success is reported from its use by Dr. Hale, and others, and by those of the eclectic school. It would be indicated chiefly in the neuralgic and congestive forms, and especially when the general *actæa* symptoms are present. These I have already gone fully into, when speaking of its use in amenorrhœa. The neuralgic producing power of *actæa* would point to its use in cases of neuralgic dysmenorrhœa; while its power over uterine congestion, which I shall afterwards allude to, indicates its use in the congestive forms also. In patients of a rheumatic tendency it would be specially useful. I have found the 3rd dec. dilution act better in most of the *actæa* cases than the 1x or  $\phi$ . Were I giving it during the dysmenorrhœal pains only, I should give a drop of the 3x every quarter of an hour.

These are the medicines which I find give most relief in dysmenorrhœal pain at the time, and we have much to be thankful for, for the sake of our patients, in having such means at our disposal. With their aid we can rob 49 out of every 50 dysmenorrhœal patients of the dread they have at the approach of the period.

I have named them before the Hahnemannian remedies, as, with one exception, these latter, by general consent, seem to be of less value in relieving pains *at the time*. This exception is *cocculus*. This medicine is of value in cases where *gelsemium* and the other remedies already named do not relieve much, because they are not so closely similar in symptoms, while *cocculus* affords a close *simile*. The use of this remedy and the selection of the cases where it supersedes the other remedies is, in fact,

an excellent illustration of the necessity of examining into the details of dysmenorrhœal symptoms, and the excellent results of such selections according to symptoms. We know the power of *cocculus* on the cerebro-spinal and sympathetic nervous systems. You will remember the "sea-sick" headache it produces; one with compression, much vertigo, and inclination to vomit. Next you will recal the flatulent gastralgia, with vomiting, and the flatulent colic with distension, and feeling of distension which it produces. In the pathogenesis of the uterine symptoms we find "menstruation seven days too early, with distension of the abdomen, and cutting-contracting pain in the abdomen on every motion and every breath, together with contraction in the rectum." "Menstruation eight days too early, with distension of the abdomen, and pain in the upper region of the abdomen, not only on every motion (even stooping was painful) but also while sitting, as if the inner parts were suffering from the sharp pressure of a stone; the parts are painful to external touch, as if there were an internal ulcer." Lastly, it is to be noted that in the pathogenesis there is next to no pain spoken of in the lower back.

Here, then, we have clear indications of the case of dysmenorrhœa for which *cocculus* is the remedy. The severe pain is in the region of the uterus only, and not in the back. It is of a sharp cutting feeling, or as if the uterus were distended by internal pressure, and the flow is more profuse than natural. It is accompanied by general abdominal distension and flatulence, or flatulent colicky pain, with pain and flatus in the stomach, and vomiting. The headache also is severe, and is associated with vertigo and vomiting. These cases are not nearly so well treated by *gelseminum*, *caulophyllum*, &c., as by *cocculus*. I generally give 2x or 1x dilution, a drop every quarter of an hour till relief is obtained.

*Cuprum* may sometimes be given with advantage when the pain is like cramp, characteristic of copper, and when there is much spasmodic vomiting, and nervous depression. Then the 6th dilution may be given every five or ten minutes till relieved.

*Ignatia* may sometimes be required when the pain is associated with marked hysterical symptoms, or culminates in a fully developed hysterical attack. It may

then be given in the 2x dilution, two or three drops every quarter of an hour.

As accessory means, it is of decided service to prescribe a *hot sitz bath*, to be taken on the night *previous* to the expected day of the period, repeated as soon as the pain comes on, but *not* after the flow has begun to appear. If this last injunction is not attended to, the heat of the sitz bath may check the flow. The water should be used as hot as can be borne. After this, or, if preferred in place of it, hot compresses *all round* the pelvis are of marked value.

I next come to speak of the treatment of such cases during the interval of the menstrual periods, with the view of preventing the recurrence of the pain; and in selecting the remedy, we must inquire minutely into the state of every function in the body, in order that we may find a medicine which will "cover" the whole disordered condition.

First comes *sulphur*. This great "anti-psoric" is often of much benefit in cases of dysmenorrhœa. I would select it, if I learned that there had been at any previous time of life a history of skin eruption, or irritation, which had been cured, or, at all events, had disappeared; more especially if the disappearance of the skin rash had been coincident, or nearly so, with the development of the dysmenorrhœa, or even of general dis-health. Or again, if at the time of prescription the skin was irritable and inclined to itch, or break out with any disorder of digestion or change of season; or even if a condition of this sort existed in other members of the same family, though not in our patient; if nothing of this kind were discoverable, *sulphur* would be indicated by a tendency to mucous catarrh, liability to "catch cold" on the least exposure, and sensitiveness to change of weather. Also if the complexion were dusky or "liverish," if headaches of a full congested feeling were present, if the tongue were somewhat coated, with more or less dyspeptic feeling, if the liver and bowels were sluggish, with tendency to piles, and if the patient felt an indescribable languid feeling, with irritable temper, I should then give *sulphur* in the 30th dilution twice a day, varying the dilution according to circumstances, down to the 6th or 3rd.

2. *Actæa*. This remedy, which, as I have already stated, I have little experience of when given simply to relieve pain at the time, unless it has been given during the whole interval, and continued on during the pain, is one on which

I place much value as a remedy given during the interval. Although I fully described the pathogenetic indications for *actæa* when treating of amenorrhœa, let me remind you of them shortly. It meets especially the hyperæsthetic patient—not the hysterical temperament exactly, but that which we find developed in what is known as spinal irritation. The prominent features are the extreme sensitiveness to pain, and the existence of pain in various nerve centres, and in the nerves arising from them. There is a feeling of general languor, and tiredness, with a very restless state of body, causing the patient to be always changing position. The same restless, unstable condition is manifested in the mental and emotional sphere, producing alternations of excitement with depression. Headaches are constant, chiefly in the vertex, with feeling of heavy weight, and over and in the eyes, with dragging at the back of the eyes. Pains up and down the spine are felt, with spots tender to pressure. Sleep is restless and disturbed, and accompanied by much dreaming. Palpitation and infra-mammary pain are much complained of, with pain in the ovarian regions, and tendency to touch there. The tongue is clammy, and the epigastric “sinking” sensation causes much distress. There is frequent desire to pass water, with sacral pain, general pelvic uneasiness, and down-bearing. If there is actual uterine congestion, as evidenced by the symptoms, or by vaginal examination, so much the more is *actæa* indicated. Lastly, its power over rheumatism of the joints and muscles makes the rheumatic element in the patient an additional indication. The catamenia are usually scanty, and there is more or less constant leucorrhœa.

In such a case *actæa* is of great value, and may be given in dilutions from 3 to 3x, or even 1x, three times a-day.

3. *Caulophyllum* is of as great value when given during the interval, as during the access of pain. As a remedy during the interval, the chief indications are scantiness of the menses, leucorrhœa, and the presence of the rheumatic diathesis. I usually give the  $\phi$  1 drop three times a day.

4. *Hamamelis* may be given during the interval, when the flow is profuse, when there are piles which bleed easily, tendency to varicosis, to venous engorgements, and to hæmorrhage elsewhere. Dose 2x or 1x three times a day.

5. *Xanthoxylum* may be given during the interval, as well as during the pain, when indicated for the pain. I have, however, no experience of this use of it.

6. One other of the "new remedies" I must name before speaking of the older or Hahnemannian medicines. That is *collinsonia canadensis*. The value of this remedy in cases of hæmorrhoids and severe constipation, accompanied by much pain in defecation, I spoke of fully in a former lecture. But sometimes we meet with cases when we have this very state superadded to dysmenorrhœa, and where the existence of this state may be very much, or at all events partially, the cause of the dysmenorrhœal pain. Here then *collinsonia* is of value for both features of the case. I usually give the 3x dilution in 2 or 3 drop doses.

I come now to the Hahnemannian remedies during the interval.

7 and 8. *Sepia* and *pulsatilla* are both of importance, each in its own sphere. The pathogenesis of both these medicines I fully sketched when speaking of amenorrhœa. Let me only here recall to your memory the main features of each.

(1.) *Sepia*. The patient suited to this remedy is a woman with dark hair, pale or sallow complexion, of easy disposition, or excitable, with alternations of depression. She complains of weakness, and has frequent attacks of faint prostration—not actual syncope—accompanied by chilliness, these attacks coming chiefly in the morning and evening. There is frequent headache, partly left-sided, and neuralgic toothache. She complains of backache of a dragging or burning character, with scanty menstruation and leucorrhœa—in fact, the symptoms of uterine congestion. The tongue is white, and dyspepsia is present with the well-known epigastric "sinking." The liver is sluggish, the bowels costive, and the urine depositing lithates, while there is a tendency to pimples on the face, itchiness of skin, and itching and excoriated feeling at the vulva, and tendency to mucous catarrh elsewhere.

Such is the case for *sepia*. If you find, on examination, undoubted uterine congestion of cervix or body, or both, so much the more is *sepia* indicated.

(2.) *Pulsatilla* again corresponds to the fair-haired, blue-eyed woman of a gentle and emotional temperament, and easily giving way to tears. You remember the full headaches, the furred white tongue, the acid taste, the gastric catarrh, the fulness in epigastrium after food, the flatulence, and nausea or vomiting. The bowels are either regular or inclined to be loose, especially at night, the

stools being mucous. She is always worse in a warm room and in the evening, and better in the open air. She has frequent or constant backache and leucorrhœa, with tendency to mucous catarrh everywhere. Her catamenia are scanty, with ovarian pain. She is always chilly in the evening, with cold feet, but there is a marked absence of thirst.

9 and 10. *Nux vomica* and *ignatia* may be required in certain cases. The general features of the *nux vomica* derangement, with its headaches, dyspepsia, and constipation, I have so often described, that I need hardly again go over it; while *ignatia* would be preferred when the hysterical condition, with its well-known symptoms, are the special features in the case.

11. *Cocculus* may be continued during the interval for the same indications as I noticed when speaking of its use at the time of the pain—viz., the vertigo, headache, seasick feeling, and flatulent gastralgia, along with, of course, the special form of dysmenorrhœal pain already described.

12. *Platina*. This, though named last, is by no means least, but is a very important medicine for administration during the interval, as well as at the time of pain. It suits chiefly women who are thin and with dark hair, and are very prone to mental depression. The catamenia come on too early, and are profuse and clotted. Leucorrhœa occurs during the interval. The dysmenorrhœal pains are well brought out in the provings. They are chiefly in the abdomen, going into the genitals and down the groins to the thighs. The pain is cutting, or griping, or constrictive, causing also much down-pressure. This down-pressure is much felt, as in the rectum, causing desire for stool, which, however, gives pain, while the stool is scanty, and constipated. The mental state is important to notice. It is one of anxiety, and great depression, with fear of death, and at the same time irritability. Headaches are very frequent and distressing. They are prominently a mixture of cramp-like constriction with numbness, and occur chiefly in the forehead and temples, though they may also be felt in the occiput and vertex. The face is pale and sunken, and there is a sense of great weakness and prostration, with chilliness. Such a condition is, you will observe, quite distinct from that of any other medicine I have named. and when present, you will find *platina* a remedy of great value. I usually give it in the 6th dilution.

Such are the leading remedies in the treatment of dysmenorrhœa, and with the use of the indicated remedy during the interval, and also when the pain comes on, you will find your success such as to earn for you the gratitude of many a poor sufferer, who has been endeavouring previously to deaden her pain with opiates and brandy.

### CASE OF (?) A PAR-OVARIAN CYST, CURED BY *BOVISTA* 6x.

Reported by ED. M. MADDEN, M.B., Surgeon for Diseases of Women to the Birmingham and Midland Homœopathic Hospital.

THE following case, which of itself would be hardly worth publishing, on account of the slight doubt involving the exact diagnosis, becomes worthy of record when read as a sequel to the case reported by Dr. Alfred E. Hawkes, of Liverpool, in the *Organon* for July, 1878, in which an undoubted unilocular par-ovarian cyst was cured by the same medicine after having been three times tapped.

Miss F. W., aged 13½, was first brought to me on 23rd September, 1880, suffering from the following symptoms. For about three weeks she had had headache and general dyspepsia, her appetite was quite gone, she was very sleepy and in bad spirits, though usually of a very bright and cheerful disposition. For two days she had had diarrhœa in the mornings, with slight colic. The tongue was white and slimy. Pulse 82. She had never had any catamenia. For this condition I prescribed *puls.* 1x, gt. ij., o. 3 tiâ h., and recommended her to be kept from school. On the 27th she was again brought to me, and had well developed follicular tonsillitis, with a pulse of 124, and temp. 38·8, but in addition complained of her abdomen feeling very hard and distended, as it had been for several weeks, but was increasing.

I now, of course, ordered her to be put to bed, and attended her at home. The tonsillitis ran a favourable course, and was well in four days; but on examining the abdomen when she was in bed, I discovered a very evident fluid tumour, confined to the left lower portion of the abdomen, which did not alter its position with the position of the patient, and which was very slightly, if at all, tender on pressure. As I did not wish to give a decided opinion as to the nature of the case without consultation, I got leave to call in Dr. E. Wynne Thomas to see the case with me,

which he did on October 1st, and agreed with me that there was every evidence of a par-ovarian cyst, though from the age of the patient we did not ask for an internal examination, and he thought it just possible that it was a cyst connected with the left kidney. We now felt it our duty to give a somewhat serious opinion to her parents, and to hint at the possibility of an operation being required in the future, but decided to try treatment in the first place, and remembering Dr. Hawkes' successful case with *bovista*, we ordered her to take this in 2 min. doses of the 6x dilution three times a day. The measurement at this time was 30½ inches round the abdomen, and the discomfort and sense of distension were considerable. The distension and size began almost at once to diminish, and on October 18th she only measured 29 inches (which is her normal size), and she felt much more comfortable. About this time the treatment was interfered with on account of a severe cold, which produced violent toothache and general malaise, and the *bovista* was not resumed till November 2nd.

On November 17th Dr. Thomas again examined her with me, and there was then no sign of any fluid tumour to be found, and only a slightly increased sense of resistance on the left side compared with the right. She was, moreover, feeling quite well in herself.

I have only to add that the cure has been permanent, and she is now, June 10th, 1881, as free from discomfort or enlargement of the abdomen as before this illness. I can hardly think that a cystic kidney would have been cured so easily, and without any other symptoms pointing to the kidney as the seat of disease; and except a dropsy of the fallopian tube (a very rare occurrence), I do not know of any other simple fluid tumour which could occupy the same position except a par-ovarian cyst, and such I am convinced was the nature of the swelling which thus so happily disappeared. It would, therefore, seem certain that *bovista* in the 6x dilution has a powerful curative action on certain forms of ovarian or par-ovarian disease, and further experience will probably teach us in which.

It is not surprising that no symptoms distinctive of ovarian dropsy should have been produced in the provings of *bovista* or of any other drug, so that we must rely almost entirely upon clinical experience in its treatment.

P.S.—When this case was first sent to the Editors of the *Review*, it was returned to me with a polite note intimating

that in their opinion "the diagnosis was so doubtful and so highly improbable that an ovarian cyst should appear and disappear so rapidly and in a girl of that age, who had never menstruated, that they thought it better not to publish it."

After receiving this note, I called upon and submitted my case for the opinion and criticism of Mr. Lawson Tait, surgeon to the Women's Hospital in Birmingham, a gynaecologist of the very first rank, as every one who has read his book on *Diseases of Women* must admit, teeming as it is with original and practical observations, and one whose experience of ovarian disease and success in operating for its removal is only surpassed by two or three living surgeons.

I was therefore not a little gratified to hear him say that my diagnosis was by no means improbable, as he had frequently met with ovarian tumours in girls under puberty, and had removed at least five or six. I would here remark that in my case, though it had only become noticeable and inconvenient for a short time, it had probably been much longer since it commenced. Mr. Tait also told me, what I did not know before, that the so-called uni-locular ovarian cysts are never truly ovarian, but are cysts in the broad ligaments and should hence be called "par-ovarian"—cystic disease of the ovary being always multiple—I have therefore adopted this name in reporting my case.

He also told me, somewhat to my discomfiture, that this form of cyst is liable to spontaneous cure, though only in the proportion of three per cent. and then usually by opening into and discharging itself per vaginam, which certainly did not happen in this case. Mr. Tait also suggested (as Dr. Thomas had done) that the cyst might have been connected with the kidney, possibly a hydro-nephrosis, but admitted that this was a much rarer disease.

I think then that after all the case is worth recording, for making all allowance for doubtful points, there is at least this much of certainty remaining:—Here was a girl suffering from an unmistakable fluid tumour in the abdomen contained in a cyst of some kind, and the balance of probabilities is strongly in favour of its being par-ovarian, and this tumour as unmistakably disappeared while she was taking *bovista* 6x, and the chances against its having been a spontaneous cure are at least thirty to one.

## HEADACHES.

By ARCHIBALD HEWAN, M.D.

(1). Mary B. (March 31, 1881), kitchen-maid, aged 22, has suffered from pains through her head more or less all her life as far back as she can remember. It makes her feel confused and stupid. It is much worse at the monthly period. The period lasts only two or three days, and is scanty. Tongue has moist yellow fur in centre and at back. Bowels regular. Appetite fair, but she often feels nausea. She is of a quiet retiring disposition, has light brown hair, and is well nourished. *Puls.* 2 dec. t. d.

April 14.—Headache much less frequent. Has been quite rid of it since the 10th. Tongue is still slightly furred. Continue *puls.* 2 dec.

May 13.—Still further improved. Only two attacks since last visit, and then not all the day; these were during the period. *Trit. puls.* 6 dec. t. d.

June 9.—Much better. No headache whatever since last visit, not even during the period. Feels in very different health altogether, and is quite well.

(2). 1878, Oct. 7.—Lord —, aged 40, sallow complexion. Headache in the morning, a malady extending back some years. Nothing ever relieved; and his duties, which are “on the bench,” have become irksome and painful. There is also a feeling of oppression at the pit of the stomach, which is relieved after food, but very soon returns. Dry mouth on awaking in the morning; tongue loaded at the back. Bowels regular. Pain on pressing over right hypochondrium. Sleep not refreshing. *Nux.* 3 dec. day; *merc.* 3 dec. night.

Oct. 14.—Very slight improvement. Wishes particularly to mention an irritation of the skin generally for the last five years. At first when it attacked him his stomach and the other symptoms were soon relieved, but latterly it has not had that effect. It comes on after walking, or sitting before the fire. *Hep. sul.* 3 dec.

Oct. 24.—Headache less. Irritation of skin also less; not for a long time past has he had so little as yesterday. Sleeps much better. Continue *hep. s.* 3 dec.

Nov. 9.—Altogether better. Less headache, less wind on the stomach, and there is less pain on pressure over right hypochondrium; but the tongue continues furred at the back. *Nux.* 3 dec.

Nov. 24.—Thinks he is getting better slowly, but there is still a sensation of headache which he never quite gets rid of. Has had a Turkish bath, which has made the irritation of the skin worse and caused the skin to have a slight eruption like millet seed. *Trit. merc. sol. 6 dec. o. m.*

The result of this last prescription was most satisfactory. There was a steady gradual cessation of the headaches, resulting in a permanent cure, so that "my work has now become again, as it was formerly, a pleasure."

(3). M. P—, aged 33, coachbuilder, sallow complexion.

1878, March 5.—Headaches began last May with pain in the back of the head; was "treated for liver," but the pain has never quite gone. Can always set himself right for a time by taking pills, and he obtains temporary relief by eating a biscuit. It is better after breakfast, but not after other meals. Tongue whitish furred. Pressure over right hypochondrium causes a sense of suffocation. *Trit. merc. sol. 5 dec. t. d.*

May 30.—Headaches have been much better. "After taking the medicine for a week or ten days I had two or three weeks with no headache whatever, and I felt quite well; then it came on again." Tongue slightly furred. Appetite fair. Bowels regular. *Trit. merc. sol. 5 dec. mane. Ign. 3 dec. bis in die.*

Aug. 5.—Has been better in every way since; headaches altogether better. Whenever there has been a tendency to their recurrence the powders have set him right. Has had a fall, since which he has been troubled with boils in his face coming on a fortnight after. Used to have boils when a youngster and a teetotaller. *Arn. mont. 3 dec.*

Aug. 13.—Called to make an engagement for a relative to see me, and showed me that the boils had quite disappeared, and that there were no new ones coming.

Chester Square, June, 1881.

## A CASE OF HYDRONEPHROSIS.

By P. J. M'COURT, M.D.

November 22nd, 1878.—Mrs. W., æt. 32, medium height, sanguine temperament, a lady of fine nervous organisation, and highly cultured, called on me, by request of her physician. The closest inquiry as to the history of

her illness elicited only the following: During the past four years, since her second and last parturition, she has suffered from dysmenorrhœa and menorrhagia, also from progressive corpulency and excessive prostration. At no time has there been renal pain or hæmaturia. She now weighs 180 pounds, 40 pounds above her normal standard.

At present her symptoms are: Great debility; dry, harsh skin; vertigo and almost constant headache, the pains shooting, in frontal and temporal regions; almost complete blepharoptosis (due, not to œdema of the lids, but to partial paralysis of the levator palpebræ superioris); spasmodic cough, with involuntary micturition; a fierce bulimia, which cannot be appeased by any amount of food; she complains that her load of flesh is crushing her, and that she "feels like a mass of blubber." Examination reveals a state of general œdema; but no pitting; heart normal; liver slightly congested; uterus somewhat prolapsed and crowded to the left; ovaries apparently healthy. On the right side, involving the hypochondriac, iliac, and, in a less degree, the umbilical regions, I find a large, bulging tumor; it is soft, almost painless, vibratory and lobulated; percussion yields a dull sound and distinct fluctuation. The left hypochondriac and iliac regions are likewise slightly tumefied, the sound somewhat dull, but fluctuation is not perceptible. Urine scanty, albuminous; specific gravity 1,020 (owing, doubtless, to the very small quantity voided); a few tube-casts only are present; no blood or pus corpuscles visible; *no calculi*, nor evidence of their presence at any time.

I think the diagnosis of that extremely rare disease, hydronephrosis, will not be questioned, and it has been caused, presumably, by pressure upon the ureters during pregnancy. The prognosis must, of course, be unfavourable, and the lady is informed that, while hoping to afford substantial relief, I cannot encourage her to anticipate a cure.

*Causticum* 6 x, being the only drug which covers the totality of these symptoms, is given, a dose every two hours, with orders to extend the intervals to three hours when urination becomes free.

November 26th. — The bulimia, cough, involuntary micturition, and blepharoptosis have completely vanished. The flow of urine is enormous; the entire body is bathed

in a viscid perspiration of strong urinous odour, and the enlargement has diminished considerably. Headache and vertigo remain. In place of the bulimia, there is now anorexia, yet she feels much stronger. Soon after this the catamenia returns, and the function is free from pain and hæmorrhage for the first time in three years. Without change of medicine the lady makes steady progress until the 7th of February, 1879, when she is discharged without apparent vestige of the disease.

March 10th.—On the 2nd instant, while walking over ice concealed by a light fall of snow, her feet suddenly slipped, and she fell, in a sitting posture, with great violence. Immediately the skin became dry, the urine scanty, general œdema reappeared, and the intumescence on the right side is nearly as large as when I first saw her. But the concomitant symptoms then noted are not present, nor any other which may serve to indicate a particular drug. Hence, in order to furnish the *experimentum crucis* as to its curative action over the pathological condition, *causticum* is given as before. After a few doses had been taken, the skin became moist, and a free uriniferous perspiration followed, which continued to soak her clothing for several days. During the same night an abundant flow of urine ensued, and the swelling rapidly subsided. A week later, when the tumor was scarcely perceptible, a large abscess presented on the upper third of the *right* thigh, between the pectineus and adductor longus. Notwithstanding its immoderate size, the abscess matured and discharged with but slight general disturbance, and its healing appeared to be the signal of a perfect cure.

October 20th.—Mrs. W. informs me to-day that her health is perfect, far better than at any previous period of her life.—*Hahnemannian Monthly*, Feb., 1880.

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## REVIEWS.

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*Entdeckungen auf dem Gebiete der Natur, und der Heilkunde. Die Chronischen Krankheiten.* Von Dr. IGNAR PÉCZELY. First Part. Anleitung zum Studium der Diagnose aus den Augen. ("Das Auge ist nicht nur der Seele er ist auch des Körpers Spiegel.") Budapest: 1881.

*Discoveries in Natural and Medical Science. The Chronic Diseases.* By Dr. IGNAR PÉCZELY. First Part. Guide to the Study of the Diagnosis (through) the Eyes. With three Tables and three Engravings. ("The eye is the mirror not only of the soul but also of the body.") Budapest: 1881.

WE have much pleasure in calling the attention of our readers to the first instalment of a work which is to consist of seven parts, each of which is promised to be original.

Dr. Péczely, a physician in large practice in Budapest, has for the last twenty years made researches and observations regarding the changes of form and colour which take place in the iris, in consequence of chronic diseases. Having respectively verified that the same disease causes analogous changes in the iris, these changes enable him, in combination with the other symptoms, to ascertain and verify his diagnosis; believing that his observations, based as they are upon material changes and facts, which can be verified by every physician and educated layman who follows his instructions, might be very useful both for the sake of diagnosis and treatment, Dr. Péczely intends to show at the next International Medical Congress, to be held in London, in the first week of August, what he has done for the diagnosis of chronic disease *through* observations of the changes in the iris.

The Guide contains an anatomical and physiological description of the eye and its adjacent parts, the peculiar functions of the iris in the *living* state; the local changes, and the changes of form of the nervous fibres on the anterior surface of the iris; the origin and significance of the brown deposits seen on the anterior surface of the iris—some of the causes of these deposits are named—and the changes caused after the treatment by *sulphur*.

An explanation is given of the second chromo-lithographic table, containing twenty-seven diagrams of the iris in its natural and enlarged size; the various small and large spots, the several forms of these spots, their various localities and the diversity of colour, surprise every one who has never paid any attention to such abnormal peculiarities, and give a proof of the author's powers of observation.

The title of another chapter is, *What is to be understood by diagnosis through the eyes, and what is to be expected from it for medical purposes?*

After entering minutely into the topography of the iris, illustrated by the first large table, and into further details regarding the brown deposits; the changes caused in the iris by cutaneous diseases, by itch, fevers, scrofula (after fevers) gonorrhœa, chancre, the author mentions the changes caused

by external and natural mechanical injuries, by inflammation, by heart disease.

In the appendix, the author details his plan of examining adult persons as well as children, independent of the iris, and finishes with these words, *facts can be denied, but cannot be refuted*.

Want of time must be our apology for not having entered into more details regarding this perfectly new field of diagnosis, but there will soon be an English translation published, which will serve to satisfy the appetite, which we hope to have roused by this short notice.

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*Sewage Poisoning: its Causes and Cure.* By EDWARD T. BLAKE, M.D., M.R.C.S. Second edition. London: E. & F. Spon.

On the appearance of the first edition of this work, we had the pleasure of speaking of it in terms of high praise, and we are glad to see that a second edition is needed. Dr. E. Blake has made this subject a speciality, and we are glad to see a subject of so much importance taken up, and gone into so fully and thoroughly by one of our small body. The work is most full, and every detail so fully and clearly described as to render the subject easily comprehended by every one, lay as well as medical. The illustrations are fuller than in the first edition, and leave nothing to be desired, while the simplicity of the whole arrangement carries its own recommendation with it. We trust it will have a wide circulation among the laity, while every medical practitioner ought to be possessed of it, if he wishes to be *au courant* with the times on this all-important topic.

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## MEETINGS OF SOCIETIES.

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### THE INTERNATIONAL HOMŒOPATHIC MEDICAL CONVENTION.

THE meetings of this Convention were opened on the evening of Monday, the 11th ult., by a reception held by the President and Mrs. Hughes at the rooms selected for the transaction of business—those of the Dilettante Club, in Argyle Street. The rooms were tastefully decorated, and in addition Messrs. Leath & Ross (on whose stall was a medicine case used by Hahnemann), Gould & Son, and Keene & Ashwell, exhibited some fine pharmaceutical specimens. The visitors, among whom were the majority of homœopathic practitioners in London, a goodly number from the country, and all the American and Continental visitors to the Convention who, up to that time, had arrived in town, and also a number of ladies, were presented to the President and Mrs. Hughes by the Secretaries. With conversation, inspection of microscopic objects of interest, demonstrations

by Dr. Dudgeon of the powers of his sphygmograph, and some excellent vocal and instrumental music from Herr and Madame Liebe, Dr. and Madame Jagielski, and Dr. Hughes and his daughters, a very pleasant evening was passed—one full of good auguries for the success of the meetings that were to follow.

On Monday afternoon, at half-past two, the members assembled, and the Secretary, Dr. Gibbs Blake, was actively engaged for some time in entering their names. These, so far as we have been able to gather, were as follows:—

Dr. Hughes, Brighton, President: Drs. Black, Dudgeon, Roth, Dunn, Jagielski, Hahnemann, Hale, Pope, Matheson, Yeldham, Tuckey, E. Blake, Neville Wood, Clarke, Epps, Cooper, Burnett, Brown, Hewan, Wyld, Carfrae, Hamilton, Ussher, Powell, Shuldham, J. G. Blackley, Goldsborough, Eugene Cronin, Anderson, Markwick, H. Wheeler, W. H. Wheeler, Gutteridge, Morrisson; Messrs. Cameron, Engall, D. Smith, Thorold Wood, Harris, Noble, Penfold, and M'Gillicuddy (London); Drs. Drysdale, Moore, Hayward, Stuart, and Brotchie (Liverpool); Drs. Nicholson, E. Williams, Morgan and Fallon (Clifton); Drs. Blake and Madden (Birmingham); Drs. Mackintosh and Midgeley Cash (Torquay); Dr. Kennedy (Blackheath); Dr. C. H. Blackley (Manchester); Drs. Ramsbotham and Clare (Leeds); Dr. Scott (Huddersfield); Drs. Woodgates and Massy (Reigate); Mr. Norman, (Bath); Mr. Butcher (Reading); Drs. Bryce and Wolston (Edinburgh); Dr. Blythe (Dublin); Dr. Pyburn (Hull); Dr. Clifton (Northampton); Dr. G. Clifton (Leicester); Dr. Wolston (Croydon); Mr. Rowbotham (Woolwich); Dr. Croucher (St. Leonard's); Dr. Bodman (Devizes); Dr. Shuldham (Putney); Mr. Potts (Sunderland); Dr. Galgey (Southampton); Dr. Ker (Cheltenham). From abroad there were present, Drs. Talbot, de Gersdorff, C. Wesselhoeft, W. Wesselhoeft, Baker, Kennedy, Hall, and Walker (Boston, U.S.A.); Dr. Helmuth (New York); Dr. Bushrod James (Philadelphia); Drs. M'Clelland, Bingaman, and Cooper (Pittsburgh); Drs. Henderson, Dobson, Foster, Mitchell, and Woodward (Chicago); Dr. Dake (Nashville); Dr. Park Lewis (Buffalo); Drs. Eaton and Owens (Cincinnati); Dr. Higbee (St. Paul, Minnesota); Dr. Ordway (Hot Springs, Ark.); Dr. Phillips (Cleveland); Dr. Sawyer (Monroe Mich.); Dr. Breyfogle (Louisville); Dr. Welch (Brooklyn); Dr. M'Vickers (Cleveland); Dr. Rush (Salem, Ohio); Drs. Claude and Simon, *Fils* (Paris); Dr. von Dittmann (St. Petersburg); Dr. Stephens (Cannes); Dr. Meyhoffer (Nice); Dr. Casal (Mentone); Dr. Cigliano (Naples); and Mr. Martin (Melbourne).

In addition there were, we believe, about twenty others who omitted to enter their names in the Secretary's book.

The meeting having been called to order, the PRESIDENT

delivered his opening Address, commencing by a touching reference to the life and character of the late Dr. Carroll Dunham, the occupant of the chair at the Convention held in Philadelphia in 1876. He also noticed the departure from amongst us during the last five years of Quin, Nünez, and Hering, of Hempel, Grauvogl, and Jahr.

He then described the arrangements which had been made for securing papers and for facilitating discussion, and passed to the consideration of the objects aimed at in holding these meetings. These, he said, were, *first*, the consideration of the best plans for propagating the method of Hahnemann. He urged that homœopathy was a method, and not a doctrine or a system. Hahnemann had his theories, pathological, such as psora; physiological, such as dynamisation—but there was no such thing as homœopathic pathology, no such thing as homœopathic physiology. He then considered the leading features of homœopathy, the principle, the dose, the single medicine—describing these as, collectively, the method bequeathed to us by Hahnemann. He then vindicated the liberty of the physician who practised homœopathy in the use of such measures as appeared to him to be best adapted to the individual case before him; arguing, at the same time, that departure from homœopathic prescribing was a grave responsibility—a responsibility that ought to be assumed only after a full conviction of its necessity.

*Secondly*, the Convention had in view the development of homœopathy. This would, he thought, be achieved by the diligent prosecution of the means of at present within our reach, and by further extension of efforts in the same directions.

*Thirdly*, the Convention would, it was hoped, have a powerful influence in cementing in friendly union homœopathic practitioners in different parts of the world. Dr. Hughes concluded his address by dwelling on the importance of unity among colleagues.

A cordial vote of thanks to the President for his address was passed on a motion proposed by Dr. CONRAD WESSELHCEFT, of Boston, and seconded by Dr. MEYHOFFER, of Nice.

The President then announced that an election for Vice-President had become necessary, and after a ballot it was declared that the choice of the meeting had fallen upon Dr. Pope by a large majority. On the motion of Dr. CLIFTON, of Northampton, seconded by Dr. C. H. BLACKLEY, Dr. TALBOT, of Boston, Dr. BREYFOGLE, of Louisville (President elect of the American Institute of Homœopathy), Dr. MEYHOFFER, of Nice, and Dr. DRYSDALE, of Liverpool, were elected Honorary Vice-Presidents.

The President then gave a brief outline of the papers which had been presented on the history of homœopathy in different parts of the world during the last five years.

The report on BELGIUM was presented by Dr. MARTINY, of Brussels, and stated that the number of homœopathists had increased in that country in a suitable proportion. During the last five years two homœopathic medical societies had been established, a new journal (*L'Homœopathie Militante*) had been founded, while the list of new medical works published by homœopathic practitioners was a lengthy one.

Dr. LOGAN, of Ottawa, described the state of homœopathy in the Province of ONTARIO, where from one homœopathic practitioner in 1846, there were now eighty-four. A legal status had been secured, and examiners in homœopathy had seats on the medical council of the province.

Of the Province of QUEBEC, Dr. NICHOL, of Montreal, writes that progress during the last five years, though somewhat slow, has on the whole been steady and satisfactory. "In the City of Montreal, with a population of 120,000, the principles and methods of homœopathy have leavened not only the public mind to a degree quite satisfactory, but even the minds of physicians of the dominant school, quite a number of whom base at least a part of their practice on the law of similars."

Of the Maritime Provinces, Dr. ALLAN M. KING, of St. John, New Brunswick, reports that homœopathy has made solid progress in the Provinces of NEW BRUNSWICK and NOVA SCOTIA. Since the year 1876 the number of practitioners, though still far below the public demand, has increased, and the popularity of homœopathy has extended.

The report of the state of homœopathy in FRANCE was presented by M. le Dr. CLAUDE. He detailed the circumstances which have culminated in the Government recognition of L'Hopital S. Jacques. He noticed the International Homœopathic Congress at Paris, in 1878, and described the arrangements which have been made in Paris for the public teaching of homœopathy, and referred to the lectures of Dr. Gonnard, Jousset, and Fredault. Dr. Claude then described with much minuteness the various sections into which French homœopathists are divided; the two hospitals in Paris, and the third at Lyons, and the various dispensaries of the capital and the provinces; concluding by pointing out the kind of influence homœopathy is exerting upon the practice of medicine in France, and the reasons why this is not greater than it is.

GERMANY was to have been represented in these reports by Dr. GOULLON, Junr., of Weimar, but at the last moment he was unable to fulfil the task he had undertaken, and his place was kindly supplied by Dr. DUDGEON, who, from such materials as he could find, gave a sketch of the events which had marked the history of homœopathy in Germany of late years. The losses by death in the ranks of prominent homœopathic physicians in

Germany have proved very heavy ; and while one journal of old standing has ceased to exist, and two hospitals have been closed, homœopathy has made little if any progress in that country during the last five years.

The report on GREAT BRITAIN and the COLONIES was presented by Dr. POPE, who commenced by alluding to the extensive adoption of homœopathically acting medicines by members of the old school, and the consequent necessity of our directing attention, more than ever, to the principles which originally brought out these uses of medicines. The efforts to re-unite the homœopathic and anti-homœopathic sections of the profession were shown to have proved abortive, and that the only re-union worthy of the name would take place "when the doctrine of homœopathy receives full and fair discussion in the columns of the medical journals and at the meetings of the medical societies, when ignorance, bigotry, and intolerance have been replaced by knowledge, courtesy, and a respect for opinions carefully formed, experimentally tested, and honestly held, but not before."

The report proceeds to show that our institutions devoted to illustrating homœopathy have, during the last five years, been well sustained, their efficiency has been increased, and they have in some measure been added to. The condition of the London Homœopathic Hospital and of the origin and present state of the London School of Homœopathy are then described. The position of the Hospitals at Birmingham and Bath, the Dispensary at Liverpool, and the Convalescent Homes of Bournemouth and Southport are also set forth, the several societies and journals noticed, and the deaths of Drs. Quin, Ryan, and Ruddock briefly alluded to.

The state of homœopathy at Sydney, Melbourne, Adelaide, Bathurst, Hobart Town, and Brisbane (Australia), in New Zealand, and at the Cape of Good Hope is touched upon in conclusion.

Dr. SIRCAR, of Calcutta, in a paper of great interest and considerable length, traced the history of Homœopathy in INDIA. The first case treated homœopathically in India was that of the Maharaja Runjeet Sing, who, in 1839, was seriously ill, but appears to have been marvellously relieved by Dr. Honigberger, who reports the case in a book entitled *Thirty-Five Years in the East*, published in London in 1852. The Hakims of the court of Lahore, however, interfered, and regaining their lost ascendancy, proceeded to administer to the Maharaja an enormous electuary of which precious stones constituted the chief ingredient, and in less than a fortnight the patient was a corpse. For many years before 1852, homœopathy had been practised in India by amateurs. In

at least three instances homœopathic hospitals were established by wealthy native princes. One was also set on foot by Sir John Little in Calcutta in 1851, and placed under the direction of Dr. Tonnerre. By Mr. E. De Latour, an enthusiastic and capable layman, much good was accomplished in the treatment of cholera by homœopathy. Another layman—a native—Babu Rajender Dutt, began to practise homœopathy in 1861, during an epidemic of malarial fever of especial severity, when his success caused his house to be thronged with applicants for relief. The Babu had other successes of great importance which produced a marked effect upon the public mind. In 1864, Dr. Berigny, a graduate of the University of Paris, settled in Calcutta, and was for a time a great help to the Babu. In 1867 Dr. Sircar was induced to study homœopathy. He declared his convictions in an address before the annual meeting of the Bengal Branch of the British Medical Association, and was excommunicated accordingly. "This," he writes, "has been as nothing compared to the benefits my patients have enjoyed and the consequent consolation I have myself enjoyed of an approving conscience." In the North-West Provinces, homœopathy was being advanced at the same time by Babu Loke Nath Moitra, and a homœopathic hospital and dispensary were established and placed under his care at Benares in 1867. In the same year Dr. Saltzer, a graduate of Vienna, settled in Calcutta, and has since done good service there. In 1868 *The Calcutta Journal of Medicine* was established to advocate the cause of homœopathy. In 1869 at Allahabad a dispensary was established under the charge of Babu Preo Nath Bose, a layman of considerable skill; and in 1870, one at Agra under another layman, Babu Gohind Chunder Roy.

With occasional exhibitions of stupidity and ignorance on the part of the allopathic sect, in which they have uniformly been opposed by the intelligent portion of the public, homœopathy has gradually advanced. In Calcutta there are seven qualified practitioners of homœopathy; in the suburbs of Calcutta, five; in Baraset, one; in Serampore, one; in Hughli, three; in Barnipore, one; in Allahabad, one. There may, Dr. Sircar adds, be others of whose presence he is not aware. The number of secret practitioners of homœopathy is, he says, already great, and threatening to be greater still, while the number of lay practitioners is considerable. In Calcutta there are eight homœopathic pharmacies.

Dr. Sircar concluded his paper with some general observations on the requirements of homœopathy, in order to its full advancement.

ITALY is reported on by Dr. BERNARD ARNULPHY, of Nice. He

tells us that the political vicissitudes through which Italy has passed have tended to arrest the development of homœopathy. This has arisen from the fact that when the Peninsula was divided into a number of independent states, there was always found, here and there, a sovereign favourable to homœopathy, and thus facilitated the propagation of our doctrines, first among the aristocracy, and then the prosperous middle class. Now, with only one sovereign, and he in the hands of allopaths, this source of influence has gone. Again, the spread of the curious notions of Count Mattei has done much evil. There are, it appears, between one and two hundred homœopathic practitioners in Italy, but so isolated are they that they are scarcely known to each other. There are a few dispensaries—one at Milan, another at Rome, another at Turin, and so on. The Journals are *Il Dinamico*, edited by Dr. Cigliano, of Naples, *Rivista Omiopatica*, by Dr. Pompili, of Rome, and the *Clinica Omiopatica*, of Padua, edited by Dr. Coco.

Dr. Arnulphy concludes with an earnest appeal for more homœopathic practitioners, and for more books in the Italian language on *Materia Medica* and the practice of medicine.

Dr. BOJANUS, of St. Petersburg, opens his very interesting account of homœopathy in Russia with an examination of the report submitted by the military medical officers to the late Emperor on the experiments made with homœopathy in the Military Hospital of Helsingfors. The number of homœopathic practitioners throughout Russia would appear to be about 200. The literature of homœopathy in that country is but slight.

Dr. LLOYD TUCKER compiled a report on the state of homœopathy in SPAIN. The chief event during the last five years has been the opening of the Homœopathic Hospital in Madrid. To this institution a corps of lecturers on the Institutes of Homœopathy, *Materia Medica*, Pathological Medicine and Surgery and Clinical Medicine and Surgery is attached, and students who have a University degree at the end of one *Annus Medicus*, receive the diploma of homœopathic doctor if successful in passing an examination. The hospital receives about 400 patients per annum, and nearly 10,000 out-patients are annually prescribed for in the dispensary attached to it. The Hahnemannian Society is very prosperous, and the journal *El Criterio Medico* has been slightly enlarged and altered.

The condition of homœopathy in the UNITED STATES OF AMERICA is reported on with much fulness by Dr. TALBOT, the Dean of the Medical Faculty of the University of Boston.

Dr. Talbot gave the history of homœopathy in the States from its introduction by Dr. Gram in 1825 until the present time. It is now represented by 6,000 practitioners, 26 organised State societies, more than 100 local societies, 88 hospitals, 40 dis pen-

saries, 11 medical colleges, and 17 journals. Dr. Talbot gave a clear account of these institutions, and concluded his essay with brief references to some of the leaders of homœopathic medicine who have passed away—Dr. Jeanes of Philadelphia, Dr. Hempel of Grand Rapids, Dr. W. E. Payne of Bath, Maine, Dr. Hering of Philadelphia, and Dr. Carroll Dunham of Irvington-on-the-Hudson.

After these reports had been presented a discussion ensued on the condition and prospects of homœopathy at the present time, and the best means of furthering its cause. This was opened by Dr. TALBOT, who was followed by Dr. CLAUDE, Dr. DUDGEON, Dr. DE GERSDORFF, Dr. BUSHROD JAMES, Dr. POPE, Dr. LEON SIMON and others, when the Convention adjourned.

On the following morning (Wednesday) a number of members, who take an especial interest in sanitary science, met at half-past eleven to hear an address from Dr. ROTH, on *Hygiene*, the chair being occupied by Dr. Blackley, of Manchester. In it he spoke of the importance of recognising the many removable causes of disease by which we are surrounded, and added, that though the science of hygiene has made considerable progress during the present century, its practical application has taken but slight root either among the profession or the people. He then dwelt on the importance of legislation in respect of pure air, water, and food, and on the necessity of medical men studying hygiene as a part of their medical training. He supported cremation as tending to remove many sources of disease. Another matter of importance was the disinfection of the contents of sewers, and another, methods for preventing accidents in trades. The use of compressed air in tunnelling was noticed and its effects described.

Dr. Roth then dwelt on the prevention of disease in private families by proper attention to hygiene. He urged the supervision of all dairies, referred to preventible causes of blindness, and to the importance of disseminating information regarding them among the poorer portion of the population. He argued that, instead of establishing homes for cripples, we should prevent children becoming crippled by paying proper attention to their development during infancy. Each of these topics was illustrated by Dr. Roth, with much force, by facts that had come under his observation in practice. He concluded his address, which was listened to throughout with deep interest, by urging a more general diffusion of knowledge through the various educational channels on all matters pertaining to hygiene.

The various points touched on by Dr. Roth formed the basis of a lively discussion.

In the afternoon the chair was taken by the Vice-President,

Dr. POPE, when papers were presented, of which the following are abstracts.

*Thoughts on the Scientific Application of the Principles of Homœopathy in Practice.*

By THOMAS HAYLE, M.D. Edin., of Rochdale.

Dr. HAYLE commenced his paper by dwelling upon the importance of facts as distinguished from speculations, arguing that it was from rash speculations and reckless experiments that much of the evil that had resulted from the use of drugs in the past had accrued. Referring to the effect produced on Hahnemann by his reflections on the practice of medicine, and his resolution not to terminate his train of thought until he had arrived at a definite conclusion, he describes it as "a frame of mind of which it may be asserted, as an everlasting truth, that those who seek shall find, and that unto them who knock it shall be opened."

Briefly noticing the circumstances which led Hahnemann to the assertion of the law of similars as the basis of drug selection, to the researches made by him confirming its truth, and to such as have since been made, he points to them as having established Hahnemann's discovery beyond question.

Noticing Hahnemann's sole reliance upon symptoms and their most minute surroundings, with the result of setting them forth in a schema which was artificial, he proceeded to consider, from an historical point of view, the infinitesimal dose, describing it as a discovery as brilliant as any in the annals of medicine, and one to which the law was a step. Of the reception of homœopathy among its adherents, he said, the great majority materialised its teachings; their habits and instincts led them to compromise—they preferred the lower attenuations, often giving the crude material. Another branch of homœopaths—out-Hahnemanned Hahnemann—he gave thirtieths, they gave millionths. He observed positions, aspects, and the weather, and they attended to the most minute particulars and circumstances. That which Hahnemann did from necessity, they do from choice. The resources of pathology were not open to him, and he was therefore compelled to find his similar in a very roundabout way. Symptom covering was his only resource.

Encumbered as it has been the achievements of homœopathy have been great, but what may not be expected when science has cleared away the impediments and has revealed the essentials in their unadulterated beauty, when we shall have ascertained the nature, extent, and limits of the law, and the essence and relative importance of the symptoms!

Dr. Hayle then passed to a consideration of a rational theory of medicinal action. In doing so, he said, "The peripheral extremities are always furnished with a mechanism adapted to

the peculiar mode of vibration they are meant to transmit. Heat being a mode of molecular motion requires no peculiar apparatus, and has none. Touch requires an apparatus of a simple kind. As we ascend through the various senses, the apparatus of reception becomes more complex. Thus in the present state of our knowledge, I think it is probable that an apparatus for sensation is constituted somewhat after this fashion—First, there is the nerve cord, a sort of telegraphic wire; then there is the special fluid, the vibrations of which cause our various sensations. Thus, the sense of heat, the impressions of touch, the sense of taste, that of smell, of hearing, and of sight are caused; the last bringing us into communication with the realms of space, and with their phenomena.

“But there are other sensations, not perceptible in health, but which come out in disease, or when the body is affected by certain noxious agents, mechanical or otherwise. Thus, for instance, in a strong cold, north-east wind, a delicate individual feels a strong sensation of cold which, through the sensory nerves, is conveyed to the brain, from which, through the vaso-motor nerves, the vessels at the surface are contracted, the skin becomes pale, and almost bloodless, or blue and livid. This may be the direct effect of cold. If this ends here, a little warmth sets it right again. But it may not end here. Then another set of reflex actions are set up, terminating in one or more of the internal organs—generally one or more of the serous membranes—the pleural or synovial membranes. These vessels are not strong enough to withstand the shock, and after a few alternations of diameter, some weaker portion subsides into a paralytic state. It becomes dilated, and stagnation of the circulation takes place, and what is called inflammation is set up.”

Dr. Hayle then detailed a case where fever and pleuritic stitches were the result of exposure to a north-east wind, which was completely checked by one dose of *aconite* 30. The next day the patient was free from pain and fever, but weak. In explaining the mode of cure in this case he says: “Medicinal action consists in a particular mode of motion, controlling and altering the mode of motion which is constantly going on in the different nerves. It does not alter the mode of motion that is going on, if healthy, that is synchronous with its own mode of motion; but whatever is amiss, out of gear, it restores to its normal action, and, in fact, sets all right that is wrong.” A large dose or low dilution not only acts on the diseased parts, but sets up morbid movements of its own, deranging the whole nervous tracts.

Comparing Stanley's account of his successful treatment of his marsh fever in Africa by large doses of *quinine* with those

recorded in Rückert's *Klinische Erfahrungen*, where small doses were used, Dr. Hayle says that he believes the cures wrought by the larger doses are more violent and less rapid, and more apt to return than those by smaller doses, which are accompanied with less struggle, as only the diseased parts are touched, while the healthy parts remain unaffected. In the smaller dose the vibrations are synchronous with the healthy parts, and only those which are out of gear are touched. In the other case the whole sphere of the medicine, that is, the sphere on which it acts, is abnormally and violently acted on.

In chronic cases, the vessels of the part are chronically dilated and have lost their elasticity. Speedy relapse follows restoration by a single dose. This state of things is to be met by a skilful repetition of dose, and if the part is accessible by a typical stimulant, or by large doses, we should not give a second dose until the first has exhausted its action, and we should persevere with our medicine as long as it seems to do good. Alternations impede the action of the right medicine and prevent the acquisition of experience. "The charioteer in the car of homœopathy" says Dr. Hayle "always drives at least a pair of horses, but rarely well matched."

In another class of cases crisis is rarely admissible. When the vessels in the interior open upon mucous surfaces, then these relieve themselves partially and set up a series of actions which run a course. First, they contract and the membranes become dry, then their discharges are poured forth and lastly they become thicker.

From the hypothesis thus set forth—that all sensations and pains come under the category of modes of motion, that the rectification of abnormal motions by the setting up of normal ones is probable, and accounts for the non-production of change, and therefore of sensation when the vibrations are synchronous—Dr. Hayle argues that change and therefore cure is only effected when the vibrations are not synchronous, and therefore diseased.

Dr. Hayle concluded by advocating the remodelling of the *Materia Medica*, by arranging the symptoms in the order of their occurrence. The doses in which the drugs have produced them should be stated, and the effects of a change of dose upon the nature and order of symptoms should be ascertained. The causes, seat and nature of the symptoms should be analysed.

To accomplish this end Dr. Hayle proposes the formation of an experimental committee. By such work all attempts to include truth by including everything, even the unimportant and minute, would be unnecessary. Transitional and temporary aberrations would be merged in one uniform and scientific system of practice, which might admit of additions but not of change.

*Generalisation and Individualisation.*

By R. HUGHES, L.R.C.P. Edin., of Brighton.

In opening his paper, Dr. HUGHES spoke of the necessity of defining the word "likes." In doing so he described two classes of homœopathic practitioners, the one satisfied only when he can secure a drug which will produce the morbid state supposed to constitute the disease he is called upon to treat ; while the other ignores disease for therapeutic purposes as a pathological state, and regards only sick persons. The totality of the symptoms is the sole guide to the simillimum, and if that is not attainable reliance must be placed on the more peculiar symptoms. Dr. Hughes then proceeded to show, by quotations from *The Organon* and Hahnemann's *Lesser Writings*, that, while Hahnemann taught that for the multitudinous and diverse forms of disorder which come before the physician, arising from common causes (atmospheric and such like), and having no permanent character, selection by totality of symptoms and treatment as individual maladies formed the best mode of proceeding, yet he ever recognised that there were a certain number of diseases of fixed type, acquiring this by origination from a specific (generally miasmatic) cause. To these he appropriated one or more specific remedies, as always applicable and usually indispensable. And, further he considered it a positive gain when morbid states, hitherto regarded as individuals, could be referred to a common type and treated by remedies chosen from a definite group, instead of being made the subjects of an indiscriminate search through the *Materia Medica*."

From the evidence he adduced, showing that Hahnemann recognised certain specific forms of disease, which are always essentially the same, and always curable by the same remedy ; that he divided miasmatic diseases into acute and chronic, and defined another class of diseases as specific fevers, each epidemic having features of its own, but all cases of each being amenable to the same specific remedy ; that he asserted the value of the same remedy for the few diseases which have a constant character ; and from the importance he attached to the facility afforded in prescribing by the recognition of the psoric origin of chronic disease ; as well as from the fact that he acknowledged the curative power of *spongia* over goitre ; of *bark* in endemic malarial fever ; of *veratrum album* in the water colic of Lauenburg ; of *aurum* in suicidal melancholia ; of the prophylactic power of *belladonna* over scarlatina, and of *copper* over cholera, Dr. Hughes argued that Hahnemann was no mere individualiser, that he resorted to this method only where other guidance failed him, that for him there were morbid species and specific medicines, and that he counted it real gain to reclaim forms of

disease from the desert of symptomatology, to trace them to a common origin and connect them with certain remedies.

Having thus shown that pure individualisers were without authority, he argued that they had no foundation in reason. To obtain a group of allied remedies, generic and specific characters are necessary. Generalisation must precede individualisation. Further, by generalisation we are able to utilise the experience of the past.

There are cases, Dr. Hughes urged, such as goitre and mumps, where we must all generalise exclusively; others, such as nervous disorders, varieties of dyspepsia, and of defective nutrition, which cannot be conformed to any known type of disease, and here individualisation is the only reasonable course. Between these two extreme poles there is an extensive zone of genuine morbid species, each requiring the allotment of a group of specific remedies to be differentiated in accordance with each variety and each case. Where, on the other hand, this is not possible, where the practitioner has to choose between a remedy producing symptoms similar to some of the peculiarities of the instance before him or to the type of disease of which the instance in question is a specimen, Dr. Hughes argued that it was of greater consequence to secure similarity to the pathological process itself than, to use Hahnemann's own words, "to some accidental concomitant circumstances which do not alter its essential character."

### *A New Similia.*

By A. W. WOODWARD, M.D., Chicago, U.S.A.

Dr. WOODWARD defined disease as a combined picture of pathological lesion *plus* the special sympathetic disturbances attending it; necessitating a remedy, which is a *simillimum*, not only to the local lesion, but to all the symptoms in the order of their relative importance. Our drug provings fail, he said, in giving the combination and subordination of symptoms peculiar to and characteristic of each drug, rendering us unable to estimate correctly the attending symptoms which govern the success of the remedy. A drug can only be radically curative when it presents a complete parallel to the totality of the disease symptoms. If it cures to-day and fails to-morrow in the same disease, it must be owing to differences existing, not in the local lesion itself, but in the epiphenomena which modify and present a favourable result and to which the drug is not homoeopathic. To obtain the knowledge necessary for prescribing in this manner, Dr. Woodward argued that provings must be made on the healthy by a single dose taken in sufficient quantity to produce disturbance of the entire economy. Dr. Woodward then adduced a series of provings of *arsenic*,

*nux vomica*, *cinchona*, *veratrum album*, *aconite*, and *belladonna*, which were brought forward to show (1st) That the same drug when taken in health, and in a single dose, will affect many persons in the same general manner, though the special symptoms will vary; (2nd) That all medicines begin their action by excitement, either of the motor, the sensory, or the excretory functions; and that they divide themselves naturally into three groups or classes according to the order in which their general functions are disturbed successively; (3rd) That each drug, while exhibiting the general method of action belonging to its class, shows its individuality by the succession in which it disturbs the special organs and functions of the body, thus presenting a combination of symptoms peculiar to that drug alone.

In the proving of *arsenic* by three persons—two male and one female—the single dose was, in one case, 8 drops of the 1x, in a second, a grain and a half of the 1x trituration, and in the third, three grains of the 2x. An analysis of the provings showed that, while special symptoms varied, uniformity of physiological action was seen in the symptoms beginning with morbid sensations, and being followed by morbidly increased or altered secretions—with a final general disturbance of a febrile character. These provings are held to show that *arsenic* disturbs not only special organs but the entire economy in one specific direction, and that these disturbances are cumulative. Its use then clinically must be governed, not alone by the local symptoms of disease, for they may belong to many drugs, but by the associated sympathetic disorders that must always characterise this remedy in any disease. Thus, excluding the *locus morbi*, gastric symptoms always lead, cephalic are next in importance, and cutaneous, respiratory, spinal, renal and enteric each progressively decrease in importance except when one of them becomes the leading feature as the seat of disease.

The new similia governing the use of *arsenic* in disease is, that whatever the disease may be called the indications for this drug are invariable, and will be limited to only two conditions. 1st. That the sufferings and morbid excretions shall exceed the fever. 2nd. That the chief sympathetic disorder must always be gastric, the second cephalic, the third cutaneous, &c. In this manner Dr. Woodward examined the provings he had conducted of the medicines already named.

The subject of discussion, which the papers introduced, was the Selection of the Remedy. It was opened by Dr. Drysdale, who was followed by several speakers. At its conclusion the next paper presented was—

*On the Alternation of Medicines.*

By Dr. MARTINY, of Brussels, and Dr. BERNARD, of Mons, Belgium.

The authors define alternation as the successive administration of two or more remedies which recur in turn in a regular order and at intervals sufficiently approximated, so that the duration of the action of the one drug may not be quite exhausted before another succeeds it.

This methodical alternation they consider constitutes an important step in practical progress.

In taking a retrospective view of the practice of alternation, they refer to Hahnemann, who, in the edition of the *Organon* published in 1810, admitted its necessity, because of the "insufficient number of remedies tried up to that time."

Hering, Gross, Rummel, Ægidi, Kœmpfer, Hirsch, Hartmann and Perry are cited as supporting the alternation of medicines in the early history of homœopathy, and Teste, Jousset, Mouremans, Espanet, and Van den Necker as doing so in later years.

The ideal of the practice of homœopathy, the finding of a remedy whose pathogenetic symptoms comprise the totality of the morbid symptoms, actual and antecedent, personal and hereditary, objective and subjective, is, they say, one bristling with difficulties—difficulties which have led to the alternation of drugs. They doubt whether the progress of therapeutics will ever bring us exclusively and definitively to the simplicity, so seductive, and, in appearance at least, so much more logical, of the administration of one single remedy : and consider that so long as this ideal or even unrealisable perfection of the method is not attained, it is, from a clinical point of view, advantageous in ordinary practice to habitually alternate remedies two by two, or three by three, or even four by four, when two or three drugs are not sufficient to cover all the symptoms, or do not answer to all the causes of disease both profound and occasional. For example, an acute pleurisy occurs in an emphysematous patient who has had hæmorrhoidal troubles :—*aconite* will be alternated with *bryonia* and *arsenic* ; and when the acute symptoms are calmed, we believe that to obtain a prompt and durable cure, we must give *bryonia* the first day, *arsenic* the second, *nux vom.* the third, and perhaps *sulphur* the fourth.

They then illustrate this method of prescribing by reports of a series of cases, in each of which, several remedies were used either in alternation or succession.

In discussing the *modus agendi* of medicines thus prescribed, they argue, 1st, that sometimes they act as adjuvants, and instance *spongia* and *hepar* in croup and *aconite* in acute inflammation, alternated with *belladonna* or *mercurius*, &c.

2nd. They act sometimes as correctives—as in cases where special susceptibilities to the action of certain medicines exist—as when *sulphur* cannot be taken singly ; but when alternated with *nux* it does good, while the *nux vom.* alone would be inefficacious.

3rd. They think that sometimes alternated remedies seem to constitute a new medicinal means endowed with new properties, illustrating this by Dr. Kafka's experience, who says that he has cured chronic catarrhs of the stomach by alternating *nux vom.* and *calcareo* after having uselessly administered these two remedies singly.

4th. That under the influence of remedies of more or less different, sometimes even antidotal action, the remedy seems to react more briskly ; the vitality seems to emerge from the torpor into which it appeared plunged.

They next proceed to consider the objections made to alternation.

1st. Alternations were condemned by Hahnemann.

2nd. With alternation it becomes difficult or impossible to discuss the characteristic effects of each of the agents employed. The object of giving remedies being to cure and not to experiment, they regard this objection as having no weight.

3rd. The alternation of medicine is nothing more or less than a disguised return to polypharmacy. This objection they assert is only a specious one. Polypharmacy means the simultaneous employment or mixture in one formula of several different substances, whilst the method advocated consists in the employment of single remedies at short intervals.

4th. The alternation of medicines, if elevated to a system, will simplify too much the practice of homœopathy ; it will favour the laziness of medical men, and the usurpation of the art by outsiders.

The simplification of the practice of homœopathy, so far from being matter for regret, should, they argue, be considered as a benefit.

5th. We can admit strictly the alternation of two medicines, but that is the extreme limit of the concession we can make to the partisans of alternation.

This objection they regard as specious, as, if it is admitted that two remedies may be alternated, there can be no valid reason why a greater number should not be used in succession.

The President now resumed the chair, and a discussion on the Alternation of Remedies, opened by Dr. Clark, took place.

At its conclusion the following papers were presented :—

*Drug Attenuation : Its Influence upon Drug Matter and Drug Power.*

By JABEZ P. DAKE, M.A.. M.D., Nashville, U.S.A.

Dr. DAKE opened his paper by stating that the remedy to be employed in the combat with disease, upon whatever therapeutic principle or theory chosen, must be exhibited in proper form and quantity, to the end that its influence may be satisfactory. What then, he asks, is the effect of drug attenuation upon drug matter ? What its effect upon drug power ?

Drug attenuation is defined as the diminution of a drug mass by division and subdivision and admixture with some neutral or non-medicinal substance as a menstruum or vehicle.

Viewing the question historically, he showed that Hahnemann adopted this method of dealing with drugs. 1st. To avoid aggravation of disease from too large a dose. 2nd. To secure a thorough diffusion of drug particles. 3rd. He claimed that through a better preparedness for absorption and an increased surface for contact increased power was obtained. 4th. A given dose of a homœopathic remedy was increased in power by the increased susceptibility to it produced by disease. 5th. In order to explain or account for the action of infinitesimals, Hahnemann broached the theory that medicine does not act atomically, but dynamically. 6. Hahnemann conceived the idea that vigorous succussion and trituration effected a great unknown and undreamed of change by the development and liberation of the dynamic powers of the medicine.

Passing to the later history of drug attenuation, Dr. Dake described Korsakoff's "dry contact potencies," putting one dry medicated globule in a bottle full of pure sugar pellets in order to medicate the whole; Jenichen's high potencies; those of Lehrmann and Fincke—all of whom had, Dr. Dake observed, exceeded the utmost limits thought of by Hahnemann in the diminution of drug matter and development of drug power.

After noting the observations upon trituration of Segin and Mayhofer made with the microscope, those of Dr. Breyfogle made with chemical reagents, those of Professor Edwards Smith, Professor S. A. Jones, Dr. Lewis Sherman and Professor Conrad Wesselhoeft with the microscope, those of Professor Wesselhoeft with the spectroscope, and some of the teachings of analogy, which, Dr. Dake says, compel us to conclude that potent drug material may exist in attenuations, where every test save that of the living animal organism fails to detect its presence, he thence drew the inferences—1st. That medicinal substances differ greatly in their cohesive property and divisibility. 2nd. That some may be readily diffused in minute particles through a menstruum. 3rd. That others are comminuted with great difficulty and slowly. 4th. That in the case of some metals the comminution is much

more complete by chemical than by mechanical measures. 5th. That in the decimal or centesimal scale the theoretical or mathematical rate of diminution in the size of the particles is very different from the actual. 6th. That by chemical reagents drug matter can be recognised in no decimal attenuation above the third; by the spectroscope, in none above the seventh; and by the microscope, in none above the eleventh or twelfth. 7th. That analogy warrants the belief in drug presence when not a particle of drug matter can be discerned by direct observation, inasmuch as impalpable and invisible material agents, as morbid causes, have often demonstrated their presence by their destructive influence upon the human organism. 8th. That all efforts must fail to attenuate drug matter beyond its ultimate molecule, the division of a molecule being a reduction of the substance into its elements, or the destruction of its identity. 9th. That according to the accepted theory of molecular magnitudes the ultimate molecule must be reached in the twenty-third decimal attenuation, and that beyond that there must be a gradual diminution in the number of molecules till all are gone. 10th. That neither direct observation, nor analogy, nor anything learned of the conditions and behaviour of drug matter, can justify the inference that there is a single molecule of medicine in one grain of the thirtieth attenuation when faithfully made.

Dr. Dake then proceeded to consider the influence of attenuation upon the power of drugs.

In doing so he noticed some of the leading theories which have been advanced upon the subject; and first, the earliest theory of Hahnemann and that still entertained by many of his disciples, that drug power may be developed but not increased by the processes of attenuation. That the *potential* medicinal force of a given drug mass is in proportion to the number of its medicinal molecules, and its *actual* medicinal force in proportion to the number of its medicinal molecules made superficial or ready for an immediate contact with nerve tissue, or an immediate absorption and conveyance to its special field in the organism. That attenuation and trituration have for their ends simply the overcoming of cohesion in drug matter and comminution of drug particles.

2nd. In later years Hahnemann inculcated not only the development but the great increase of drug power through attenuation. Korsakoff believed in the existence of a drug aura; Lutze believed in animal magnetism being imparted by the hand to the dose employed.

Dr. Bachmann's theory and the recent neuranalytic experiments and the hypotheses of Dr. Lawton were then considered.

In applying the physiological test to the question under discussion, Dr. Dake referred to Hahnemann's early provings, in

which drug power was present beyond any question ; to the experiments of Professor Conrad Wesselhoeft, those of the Milwaukee Academy of Medicines, and to those of Dr. Sherman and Dr. Potter. From these he concluded that drugs are recognised in attenuations up to the 7th x by their effects upon the healthy human organism, while in the 8th x and 9th x their recognition is less certain.

Dr. Dake concludes his paper with an examination of clinical experience on drug power.

He points out in the first place, the large variety of influence besides those pertaining to drugs which may determine recovery. Conversions to high potency views have, he shows, often resulted from a single experience in using them, and this often after a lower attenuation had been in action, though not really fruitlessly for some days. He gives his personal experience on this point, showing that he was nearly led to place confidence in their preparation because he observed the paroxysms of an intermittent fever suddenly stop after the administration of a single dose of *arsenic* 200, when he had been exhibiting the 6th and 80th with no apparent benefit. Another case, one of pneumonia, is reported, where after giving *bryon.* 8x with little apparent benefit, a single dose of the 200th was followed by a great change for the better. Reflection, however, convinced him that the change was really due to the preparation which had been previously administered. Dr. Dake further argues, that not one of the cases reported in journals as cured with any high dilutions furnishes a particle of satisfactory proof that there is medicinal power in attenuations above the thirtieth decimal.

Finally, where homœopathy has gained her greatest victories, as in cholera and yellow fever, the battles have been fought almost entirely by means of the lower attenuations.

#### *A Plea for a Standard Limit of Attenuated Doses.*

By C. WESSELHÆFT, M.D., Boston, U.S.A.

Dr. WESSELHÆFT, after some introductory remarks of a general character on the importance of the question of dose, gives a summary of recent researches that have been made on triturations and dilutions. These point to the fact that the limits of minuteness to which particles of hard insoluble substances can be reduced are arrived at between the  $\frac{1}{3740}$ th and the  $\frac{1}{4327}$ th of a millimètre.

Dr. Wesselhoeft, in discussing the molecular structure of matter, showed that, whereas in Hahnemann's time it was regarded as infinitely divisible and that consequently homœopaths were on this basis right in proceeding to attenuations however high, it had now been demonstrated that there was a

limit beyond which molecular divisibility did not extend. He then proceeded to estimate, from the calculations and experiments of Sir William Thompson and Professor Clerk-Maxwell, that, with the eleventh centesimal dilution, the number of molecules in a drop of liquid is exhausted. By a series of further calculations, he concludes that the supposition of transmission of molecular force, separated from the original medicine molecules, is untenable in the light of modern molecular science.

Dr. Wesselhœft then argued that the molecular constitution of matter demanded the omission from our statistics of all clinical results obtained with dilutions above the eleventh centesimal. With regard to the value of clinical experience in enabling us to estimate the best standard of dose, Dr. Wesselhœft contended that it is at present but slight, owing to the inadequacy of statistical materials. What is deemed clinical experience consists, he says, of recorded cures with the entire omission of opposite or negative results, which must be presumed to be large, and a decision will therefore be impossible until "experience" includes numerous and accurate statistics of negative as well as of positive results. Dr. Wesselhœft concludes by urging the limitation of the dose to attenuations below the eleventh centesimal.

*The Question of Doses : Hahnemannism and Homœopathy.*

By Dr. CRETIN, Paris, France.

Dr. CRETIN opens his paper by asserting the therapeutic power of infinitesimal doses, but he demands that their degree of this power be ascertained by experiment alone.

He desires to enquire, 1st, What, for each drug, are the limits of its therapeutic action ; at what stronger dose does its action commence ; at what weaker dose, what attenuation does it cease ? These limits being fixed, what is, in each case, the dose which shows itself the most efficacious, the strong, weak, or even the infinitesimal ?

Dr. Cretin denies that there is any evidence of Hahnemann's having been led to the use of attenuation in consequence of aggravation from larger doses ; but that he proceeded to them by analogies, by indication, by anticipating generalisation, and also by studies. This he endeavours to make good by analysing Hahnemann's pathological illustrations of the law of similars in the *Organon*.

In the following two chapters he examines attenuations, dynamisations, and medicinal aggravations, and then the practice of Hahnemann. From this enquiry he concludes that Hahnemann has not established on any data, rational or experimental, either the necessity, the utility, or the action of the infinitesimal attenuations, and still less the aggravations, which, according to him,

should be at once the proof of the condition and the product of their action.

The clinical aspect of the infinitesimal dose shows, that the admission of its power rests upon an experimental basis. The questions then arise, at what dose does medicinal action begin—at what attenuation does it cease? And again, are infinitesimal doses preferable to appreciable doses in all cases, or in what cases only? A lengthened enquiry in using all dilutions from the 30th downwards has, Dr. Cretin says, convinced him that the action of a drug is less sure as the attenuation is high. “In acute, as in chronic affection,” he adds, “I have never obtained from the higher dilutions the results which have been given me in a more positive fashion by the dilution below the sixth, and above all by the unattenuated medicine.”

With some remarks on the choice of the dose in individual medicines, and a comparative view of Hahnemannism and homœopathy, Dr. Cretin brings his essay to a close.

A discussion followed on the relative value of clinical and extra clinical evidence as to the efficacy of the infinitesimal dose.

On the following morning (Thursday) a sectional meeting was held of members especially interested in gynæcological studies. The chair was taken by Dr. Eaton, of Cincinnati. The papers on this subject to be brought forward in the afternoon formed the basis of discussion.

In the afternoon, at the general meeting, business commenced by the presentation of papers, of which the following are abstracts.

*On the Differential Diagnosis and Treatment of Yellow Fever.*

By WM. H. HOLCOMBE, M.D., New Orleans, U.S.

After a full definition of yellow fever, Dr. Holcombe spoke of its geographical range. It is endemic in the islands and cities of the Atlantic coast of tropical America. From this habitat it may be transported northward and southward many degrees of latitude, but very few of longitude. Yellow fever has no second week. It and plague are the shortest of all febrile diseases, as they are also the most fatal. Yellow fever becomes more fatal as it advances northward. It is the hottest of all fevers. It is a hæmorrhagic fever, the hæmorrhages depending on chemical changes in the blood itself. The jaundiced or icteric condition is a peculiarity of the fever, and is entirely of blood origin. An abnormally slow pulse down to 50, 40, and even 30 pulsations is found in many cases. Yellow fever has a melancholy pre-eminence in its marked or latent features, its sudden changes and terrible surprises requiring more watchful care and vigilant nursing than any other disease, the danger being often out proportion to the symptoms.

Dr. Holcombe then described the *post-mortem* appearances of yellow fever, and then proceeded to compare its phenomena with those of the other great fevers. In speaking of the treatment of yellow fever Dr. Holcombe laid especial stress on the importance of nursing and hygiene—a sudden noise, movement in bed, conversation, a piece of bad news, any excitement, the presence of food in the stomach at the wrong time, the omission of a stimulant at the right moment, being often enough to transform a hopeful into a hopeless case.

Of the medicinal treatment, Dr. Holcombe says that we have no specific for the first or febrile stage of yellow fever. His paper concluded as follows:—

“It is in the second stage of fevers, when we contend with local congestions, special inflammations, and the effects of blood poisonings or other morbid processes, that homœopathy asserts its specific and unquestionable power. We may not be able to break or materially shorten the continued fevers, but we can control the bronchitis of measles, the sore throat of scarlatina, the suppuration of small-pox, the pneumonia of typhus, the diarrhoea of typhoid, the jaundice and hæmorrhages of yellow fever, &c., in the most remarkable manner, thereby reducing the mortality of all those diseases to a point considerably below the acknowledged allopathic level.

“What enormous services have been rendered in these cases by those chemically isomorphous substances, *arsenic*, *phosphorus*, and *tartar emetic*, applied upon the homœopathic principle! To these may be added, as special remedies for yellow fever, the snake poisons, *lachesis*, *crotalus*, *naja tripudians*, *elaps corallinus*, and *vipera torva*, introduced into practice from the long-recognised resemblance between the symptoms of yellow fever and those which have followed the bite of serpents. These serpent poisons will no doubt be found valuable also in the hæmorrhages and jaundice of the plague, of typhus, relapsing fever, bilious typhoid, and malignant remittents.

“The homœopathic treatment of yellow fever is still in its infancy, comparatively speaking, but the results already achieved constitute one of the strongest arguments ever offered in behalf of the practice.”

#### *Indian Dysentery and Cholera.*

By P. W. CARTER, Ph.D., L.M., &c., Sydney.

This paper opens with a minute account of the phenomena of Indian dysentery. Then follow a series of well reported cases of the disease. Dr. Carter makes the following statement of the results of his practice while in India: “The total number of cases,” he says, “treated by me allopathically up to the November, 1875, was 218—deaths 99. Cases treated

homœopathically up to the end of 1878 (I left India in March, 1879) were 77, with 14 deaths—all in dispensary practice, when the disease, and every disease, is generally seen in an advanced stage."

With regard to cholera, Dr. Carter had seen little advantage from the use of *camphor* even in the stage of invasion. In the first stage, he says, he did best with *aconite* 1x or  $\phi$ . This, when given early, prevented the advancement to the second stage in every instance. In the second stage, *verat. alb.* 8x, *arsen.* 8, *cup. acet.* 2 or 3, *sec. cor.* 8x, *ant. tart.* 8x and 3, and *croton* 8 were the chief and most reliable remedies. In the stage of collapse, *arsen.* 30 was used with the happiest results. In pulmonary congestion, *phos.* 3 or 5. When this had grown to blood-poisoning, with brain symptoms, *bell.*, *stram.*, *hyosc.* or *ac. hydrocy.* were used with better effects than any treatment he had obtained under old-school practice. Three out of four cases of intra-cranial effusion yielded to *digitalis*. In renal congestion, with albuminuria or suppression and uræmia, he found *terebinth* 8x, *kali bich.* 3, *canth.* 2 or 3, and *digit.* 3x very effective.

### *Homœopathy in the Treatment of Diseases prevalent in India.*

By MAHENDRA LAL SIRCAR, M.D.

The paper sent in by Dr. SIRCAR was found too lengthy for the *Transactions*, and to cover more ground than had been intended. Such portions only were introduced to the Convention as bore upon the therapeutics of the special types of Indian disease.

Diarrhoea, generally traceable to bad food, but sometimes to extremes of temperature, was first noticed, and the indications given for the use of *china*, *arsen.*, *coloc.*, *puls.*, &c. Of dysentery, Dr. SIRCAR says, "In the majority of cases I find *ipêcac.* to be quite competent to deal with the disease. Failing this I have recourse to the *merc. sol.*, and in very grave cases to *merc. cor.* Other medicines meeting special cases are *aconite*, *bellad.*, *canth.*, *capsicum*, and *colchicum*."

The liver is an organ very frequently disordered in India. In malarious enlargement, remedies that are suitable for the general condition, prove corrective of it. *Acon.* and *bry.* in febrile states; *calc. c.* especially in young children; *nux. v.* when there is constipation; *lycopod.* when with constipation there is tympanitis, especially of the colon. In acute congestion, no remedy equals *aconite*; sometimes *bryonia* is required subsequently. When the secretory structures are inflamed, *mercury* is wanted. In suppuration, *aconite* and then *cinchona* or *quinine* in massive doses. In very prostrate conditions, *arsenic*, *carb. v.*, and *lachesis* are useful.

In hypertrophic cirrhosis with jaundice, *lachesis* is a capital remedy. In chyluria, Dr. Sircar has seen good done by *carb. v.* and *phosph. acid.* In hydrocele and elephantiasis of the scrotum, Dr. Sircar has seen benefit derived from *silica*, *rhododendron*, and sometimes from *rhus*.

*Malarious Fever in India.*

By PRATAP CHANDON MAJUMBA, L.M.S., &c., Calcutta.

This communication was one of enquiry rather than one presenting good therapeutic results. Dr. Majumba says that *quinine*, which is almost the only drug resorted to, does more harm than good in many cases—though useful in some. So far as his experience has gone, he has found *aconite* useless. *Bell.*, in some cases of a remittent type, has proved serviceable; so, also, has *gelsemium*, especially in children with a delicate nervous system. *Baptisia* followed by *bryonia*, *rhus*, *arsenic* and *muriatic acid*, have been of great value in cases where the fever has assumed a typhoid type. Dr. Majumba concludes by remarking on the necessity of a careful study of the *Materia Medica* in each case, &c.

These papers having been introduced by the President, a discussion followed on Homœopathy in Hyper-acute Disease, including Hyper-pyrexia.

The subject of *Cancer* was then brought before the Convention in a paper by Dr. GUTTERIDGE, of which the following is an abstract:

After some reference to the statistics of cancer, and having given a definition of the disease, Dr. Gutteridge expressed his doubts as to the value of microscopic observation and chemical analysis as means of diagnosis. Referring to the researches of Haviland on the geographical distribution of disease, he showed that districts where the mortality from cancer was high were such as are liable to somewhat long-continued floods from the overflowing of rivers. He then entered on a somewhat minute differentiation of cancer and simple glandular enlargement. Passing to the consideration of the propriety of operation, he showed that extirpation by the knife does not cure cancer, does not always remove it, and that the liability to return is ever present, and often an absolute certainty. The results of enucleation, he says, are in no way more favourable. He concludes, therefore, that cancer patients do better when treated medicinally alone. In scirrhus he pointed out the indications for *bell.* and *conium*. *Cicuta* is also named as useful. Of all most generally useful remedies, Dr. Gutteridge speaks most favourably of *hydrastis*, and especially of Tilden's preparation *hydrastin*, intimately incorporated with an equal quantity of *hydrastis*. When this drug is given internally a lotion of the tincture or

powdered root should be applied at the same time. When ulceration has taken place, Dr. Gutteridge laid great stress on the value of *hydrastis*, *hamamelis*, *comocladia*, *baptisin*, and the *iodide of arsenic*, pointing out the special indications for the use of each.

In epithelioma, Dr. Gutteridge drew attention to *ranunculus*, *arsenic*, and *hydrastis* as medicines from which the best results had accrued. In discussing the treatment of cancer of the stomach, he pointed out the indications for the use of *ranunculus*, *phosph.*, *argent. nitric*, *arsenic*, *hydrastis*, and *baptisia*. With some observations on the nature of the diet best adapted to cases of cancer, Dr. Gutteridge concluded his paper.

A discussion ensued on the Possibilities of Medicine in Cancer.

Papers were then presented on gynæcological subjects, the first being by Dr. EDWARD BLAKE, *On the Place of Mechanical Measures in Pelvic Disease*.

After some introductory remarks on the anatomy and physiology of the uterus, Dr. Blake argued that the greater number of the disorders of the female pelvis may be included in four categories—1, Mechanical changes acting from without; 2, Mechanical changes acting from within; 3, Physiological changes acting from without; 4, Physiological changes acting from within.

“The inclination,” said Dr. Blake, “of the dominant school of therapeutics, is probably whilst attaching undue importance to mechanical methods to ignore the second or vital side; whereas our own tendency as undoubtedly is to decry the former.”

Dr. Blake said that during the first six years of his practice he abjured local physical examination almost entirely, and worked laboriously at subjective symptomatology, with comparatively unsatisfactory results; that during the succeeding six years he turned his attention to the use of various means of physical diagnosis, but without using any mechanical contrivances for the purpose of local treatment; while during this time he frequently witnessed through homœopathy the temporary removal of results of morbid processes without necessarily attacking the cause; he never during this time witnessed the smallest cervical excoriation healed under the influence of internal medication alone, even when such medication was carried on under the most favourable circumstances. Subjective symptoms Dr. Blake relies on to differentiate between a group of closely-allied remedies, but to lead up to that group for diagnostic and prognostic purposes he trusted solely to objective signs.

Dr. Blake concluded his paper by urging greater attention to the mechanical causes of diseases.

*On the Treatment of Common Metritis, especially that Form known as Endo-Cervicitis, with Ulceration of the Cervix.*

By D. DYCE BROWN, M.A., M.D.

Dr. Brown commenced his paper by dwelling on the imperfections which exist in our provings, so far as they relate to chronic uterine inflammation. A medicine to be selected in this class of disease must show—1st, from the provings filled up by the results of clinical observation, that it has a specific relation to the genital organs by producing disordered menstruation, leucorrhœa, ovarian pain, &c. ; or, 2nd, if the symptoms should be scanty in the provings, the medicine must be one which shows a specific affinity for mucous membrane in general, producing catarrh or acute inflammation, with their results in the shape of increased secretion or ulceration ; or, 3rd, it is of the utmost importance that it should "cover" the constitutional dyscrasia that may be present with the various symptoms referable to other organs than the uterus and ovaries. In other words it must cover the totality of the symptoms.

The greatest amount of success Dr. Brown thought was attainable, when a remedy is selected which covers the general state of disordered health, more especially if this remedy is known to have a specific affinity for the uterine organs.

Before considering medicines, Dr. Brown drew attention to local applications. Weak solutions of astringent remedies he regarded as acting in accordance with the homœopathic law in cases of chronic inflammation. When first practising homœopathy he thought that such applications as *nitrate of silver* hastened the cure of disease of the cervix. Clinical observation had, however, convinced him that with specific general treatment such applications as *nitrate of silver*, *iodine*, *carbolic acid* applied by the mop through the speculum were unnecessary. Just, however, as everyone would use water dressing or *calendula* or *hydrastis* to promote healing in ulcerated surfaces so he employed these means in such cases. When in addition to ulceration the cervix was hypertrophied, *glycerine* diluted with water or with a few drops of *hydrastis* added was useful. Where vaginal catarrh is excessive injection of *calendula* and *hydrastis*, or even in chronic cases of a weak solution of *zinc* or *alum*, were beneficial. In suitable cases Dr. Brown attached great importance to the wet compress and to the tepid sitz bath.

Dr. Brown then pointed out the indications for the use of medicines. *Belladonna*, he said, was required in almost every case of chronic cervicitis with ulceration at some period of its progress. The indications were fully and minutely given, but at too much length to allow of our transcribing them here. *Sulphur* he found often required, especially in cases of chronic

inflammation of the venous type—when that sluggish state of the system exists which refuses to respond to the action of medicines. The symptomatological indications were then given. *Sepia*, he showed, was indicated in endo-cervicitis, where the uterus is enlarged, prolapsed, or where version has occurred. When there is a tendency to skin eruptions, &c., *Pulsatilla*, he pointed out at some length, was indicated in cervical disease by the appearance, complexion, and temperament of the patient, the scanty or irregular menstruation, the menstrual pain, the leucorrhœa, prevailing chilliness, aggravation of symptoms in the evening, but especially by the gastric or gastro-intestinal catarrh with headache. *Actea* corresponded to the nervous, neuralgic, hyper-æsthetic patient suffering from uterine disease. The coincidence of cervical inflammation, slight or severe, with well-marked hyper-æsthesia (showing itself by the spinal tenderness, the peculiar head-aches, the palpitation and sleeplessness from mental depression, or alternation of depression with excitement, and sinking pain at the epigastrium) indicates the kind of case in which it is useful. *Ignatia* was indicated rather by the general state of nervousness that characterised some cases than by local manifestations of disease. *Calcarea carbonica* in cervical disease associated with struma he describes as a remedy of immense value, especially if the catamenia are too frequent and profuse. *Lycopodium* is useful in cases where the pelvic organs are congested and leucorrhœa and endo-cervicitis are set up in consequence of the liver and portal circulation becoming congested. The condition requiring *nux vomica* resembles that in which *Lycopodium* is useful. *Mercury* is especially indicated in cases of endo-cervicitis, when the ulceration is of an unhealthy and sloughy type, and when vaginal catarrh with thick leucorrhœa is present to a marked degree; 2, when gonorrhœa has extended upwards to the uterus; 3, when syphilitic ulceration is made out, or when there is reason to expect a syphilitic taint; 4, when the collateral symptoms, those of the stomach, liver, and intestines, especially call for *mercury*. Dr. Brown also noticed *Lilium graphites*, *arsenic*, and *platina* as often indicated in uterine disease, and concluded by saying that, in his opinion, we quite as often require to select our remedy less on the grounds of its local action than on those of the systemic disturbance or constitutional taint which may be present in a given case, and the more carefully such selection is made the better it seemed to him were the results.

*On the Treatment of some of the Affections of the Cervix Uteri.*

By GEO. M. CARFRAE, M.D.

Dr. Carfrae commenced with some remarks on the unsatisfactory character of much of the Materia Medica, and this especially

as related to the action of medicines on the cervix uteri. Restricting his attention to the consideration of cervical endometritis, or cervical catarrh, or uterine leucorrhoea and granular erosion, or ulceration of the cervix, he entered into a full account of the etiology, symptomatology, and pathology of the condition. Passing to the treatment he divided it into constitutional and local. In discussing the former he took Guernsey's book on *Obstetrics*, and examined the medicines named therein as applicable to this condition. He insisted that as leucorrhoea was a constant symptom of this disease it ought to be among the phenomena produced by each medicine adapted to cure it, if the totality of the symptoms was to be our guide. Many of the medicines recommended by Guernsey have not this symptom in their provings. Of the provings of others, it must, he thought, be admitted that they were unreliable. He then proceeds to examine seriatim all the medicines named by Guernsey, concluding that out of seventy-two such remedies about a dozen and a half have no leucorrhoea in the list of symptoms attributed to them; while about one half of the whole number have been proved, Dr. Carfrae thinks, in a manner too loose to merit our confidence, reducing the number of drugs, the provings of which entitle us to look upon them as truly homoeopathic to cervical leucorrhoea to scarcely a dozen; and of these Dr. Carfrae is doubtful of at least six. Of eleven other medicines recommended by Hale the value is chiefly empirical, few of them having been thoroughly proved.

Regarding the *Materia Medica* as poor in relation to truly homoeopathic remedies in cervical leucorrhoea and granular and follicular disease of the cervix, he asks, do we get any help from local applications, and, if so, from what? He then examines the views of Guernsey, Madden, Leadam, Ludlam, and Hale, with regard to the use and mode of action of externally-applied irritants. He concludes that we are far from having arrived at that amount of scientific precision which is desirable or attainable. This he attributes to some extent to the number of unreliable provings which are incorporated in our text books. To some extent also is it due to the difficulty of getting good provings of drugs which have a specific relation to the uterus; while, lastly, the semeiology of these affections is often very vague and no sure indication of their pathological condition. To admit that the combined local and constitutional treatment of cervicitis, granular, erosion, &c., gives the patient the best hope of a cure is to allow that our treatment is to a certain extent empirical. "This," he adds, "I fear must be so, until we have a reformed *Materia Medica*." As medicines, Dr. Carfrae relies chiefly on *arsenic*, *mercurius*, *nux vomica*, *phosphorus*, *pulsatilla*,

*sabina*, *sepia*, and *ferrum*, while *gelseminum*, *helonias*, *hamamelis*, *lilium*, *phytolacca*, and *anthoxylum* are, he thinks, valuable additions to our armamentarium, but requiring more thorough proving. The best local applications are *chromic*, *carbolic*, and *nitric acids*, and *nitrate of silver*.

He concludes by hoping that ultimately we may treat these cases altogether without the aid of local applications. So long as these are used we must admit that our treatment is, to a certain extent, unscientific and unsatisfactory. When we can abolish them it will be because we have attained that amount of scientific precision which meanwhile it must be our constant endeavour to reach.

A discussion followed on the Influence of Homœopathy on Uterine Disease, at the conclusion of which the meeting adjourned.

On Friday afternoon the subjects of general, ophthalmic, and aural surgery were brought under the consideration of the Convention, and received full discussion.

The first contribution presented was from Dr. BOJANUS, of Nischny-Novogorod, in Russia. It was in the form of a book, entitled, *Homœopathic Therapeutics in its application to Operative Surgery*, and upon this Dr. Dudgeon prepared a report, giving a brief *résumé* of its contents. It is occupied with a detailed analysis of the operations performed in the hospital to which the author is attached.

*Surgical Therapeutics* is the subject of Dr. J. C. MORGAN'S (Philadelphia) contribution to the *Transactions*.

Dr. Morgan commences his paper with some remarks on the comparative value of *aconite* in wounds and other injuries. In these classes of cases, Dr. Morgan contends that *aconite* is superior to *arnica*—1, in injuries of the eyeballs; 2, in the reaction which occurs some hours after an injury; 3, in the commencement of a sprain. Dr. Morgan then adduces some illustrations of the sorbefacient effects of the internal exhibition of *hydrastis* 80, *sepia* 1m, *arsen.*, *iod.* 3x, and *hypericum* 2x in mammary tumours.

Passing to tumours of the uterus and ovaries, Dr. Morgan has no records of absolute cure by drugs, but he can say that in no case has it been necessary to submit any such to a surgical procedure, except the pedunculated polypi, fibrous and mucous; these he has uniformly removed by the wire *écraseur*. All others he has treated with drugs "in potency" for months and years, according to the various changes of symptoms, to the great satisfaction of patients, who in sheer desperation had previously courted the most formidable resources of surgery.

Dr. Morgan concludes by giving the characteristic indications for the use of a number of medicines in the treatment of tumours.

Dr. WATSON, of Hammersmith, contributed a paper entitled *Surgical Observations*, which consisted of some general observations on the pathology and treatment of abscess, illustrated by several cases.

A discussion then ensued on the Help brought to the Surgeon by Homœopathy, in which Dr. Dunn, Dr. M'Clelland, Dr. Helmuth, and others took part.

A Paper on the *Therapeutics of Iritis*, by Dr. VILAS, of Chicago, was then presented.

Dr. Vilas declined to discuss the curability of iritis by internal remedies alone, because he is of opinion that internal medication alone will never cure all cases which might be cured were they treated with all the means at our command. The first point in the treatment, he says, consists in perfect rest of both eyes, shutting out of bright light, and protection from injurious changes of temperature. The second consists in obtaining complete rest for the iris. Of all mydriatics, *atropium*, he said, was the best, and the best preparation a carefully prepared *sulphate*. The advantages to be obtained and dangers to be avoided were fully pointed out. Various other mydriatics were noticed by Dr. Vilas. In all cases, save those in which there are no synechiæ likely to form, can, he alleged, a mydriatic be safely dispensed with. If there be exudation from the iris, and it is not drawn away from its resting place, the anterior lens capsule, synechiæ must form, and more or less firmly tie down the iris. Dr. Vilas next considered the indications for the use of internal remedies. These comprised some twenty-eight drugs, and form a useful collection of references for ophthalmic surgery. We must, however, direct our readers to the *Transactions* for their study.

The Treatment of Iritis, simple and syphilitic, was then made the subject of discussion, the debate being opened by Dr. Bushrod James, of Philadelphia.

This being terminated, the last paper to be presented to the Convention, that by Dr. COOPER, of London, on Aural Surgery, was introduced under the title, *Notes on some Homœopathic Remedies in Aural Disease*. After some introductory remarks on the position of the therapeutics of aural surgery, Dr. Cooper pointed out the indications for the use of the following medicines in different forms of deafness:—*Gelseminum*, *hydrastis canadensis*, *picric acid*, *capsicum*, *arnica*, *rhus*, *ignatia*, *quinine*, *amyl nitrite*, *chloroform*, *salicylic acid*, and *salicylate of soda*, *apis mellifica*, *lachesis*, *elaps. cor.*, *crotalus*, *formica*, *naja*, and *vespa*. In reviewing his experience, Dr. Cooper says that the conclusion is forced upon him that very long standing cases are best met by highly dynamised preparations; these, beyond question, he says, exert a most powerful and satisfactory

influence. He especially names *phosph.* and *calcareo* as remedies which in a high dilution have proved of most essential service.

After Dr. Cooper's paper had been introduced a discussion ensued on the plan of Homœopathic Medication in Ear Disease.

The Convention assembled at two o'clock on the following day for the transaction of miscellaneous business.

The report of the Committee and the President's address were brought forward, and as practical results it was determined to appoint a committee, consisting of one or more skilled pharmacists in each country represented by the Convention, to co-operate with the editor of the *Pharmacopœia of the British Homœopathic Society* in the preparation of a pharmacopœia which shall be adopted by all nations.

It was also resolved that a permanent secretary of International Homœopathic Conventions be appointed, and to this office Dr. Richard Hughes was unanimously appointed.

After some conversation, it appeared to be the wish of the members of the Convention that the meeting of the Convention, which would in the ordinary course of events be held in 1886, should take place at Brussels.

The statistics of the Convention were presented by the President, from which it appeared that 78 British, 81 American, 4 French, 1 Italian, and 1 Russian physician had entered their names on the books of the Congress, while there is reason to believe that some 20 British practitioners had been present at the meetings, but had omitted to record the fact of their presence.

After very cordial votes of thanks to the President, Vice-President, Secretaries, and Treasurer, the members separated.

## THE BRITISH HOMŒOPATHIC SOCIETY CONVERSAZIONE.

(COMMUNICATED.)

On Thursday evening, the 14th ult., the Members of the International Homœopathic Convention were entertained at a *Conversazione* held at the rooms of The Society of British Artists in Suffolk Street, and a brilliant company was invited to meet them.

The visitors, to the number of 250, were received by the President of the Society and Mrs. Pope. The stair-case, entrance-hall, and the chief rooms were most tastefully decorated with flowers, while the unusually fine collection of pictures, which were on exhibition at the time, was a source of much interest and pleasure, and afforded a fine back-ground for the display of the ladies' dresses.

The chief feature of the evening's amusement was the music,

which was of a very high order. M. Niedzielski performed twice on the violin with that degree of brilliancy for which he is now so well known in London musical circles. His second piece, entitled "Souvenir de Haydn," by Leonard, was remarkably fine, and an irresistible *encore* was the result, which M. Niedzielski obligingly gratified. Miss Meredith Brown and Miss Nellie Summers were the solo vocalists. The former, a deep contralto, sang "The Three Ravens," an old English ballad, and Madame Sainton-Dolby's song "Out on the Rocks." The latter, a very sweet soprano, "When the Tide comes in," and "A Summer Shower." Both were in excellent voice, and were received with much applause. In the course of the evening Mr. Burgess Perry's Glee Party enlivened the company with several excellently rendered glees and part-songs, to the great satisfaction of the visitors.

The *réunion* was much enjoyed by all present, and the feeling that it had proved a great success was very generally expressed. The President of the Society and Mrs. Pope may be congratulated on having added greatly to the pleasures which those present at the Convention experienced during the week.

The only cause of inconvenience was the intense heat—it was the evening of the hottest day of the hottest week of the year. This, unfortunately, was not under the control of mine host.

#### THE DINNER.

To go through a week of hard work and bring the proceedings to a close without a dinner would be too un-English to be endured. Consequently, though no part of the programme of the Convention, it was determined, chiefly at the instigation of Dr. Burnett and Dr. Roth, that our guests from America and the Continent should be entertained at a public dinner ere they left London. The idea had but to be broached to be taken up with alacrity and zeal by many homœopathic practitioners, and an adequate subscription list was filled within two or three days.

On the evening of Friday, the 15th, about one hundred British, American, and Continental practitioners dined together at the "Criterion," in Piccadilly. The chair was occupied by Dr. Hughes, the President of the Convention, and the vice-chair by Dr. Pope. The dinner was excellent and well served, and the wine was good. Mr. Burgess Perry's Glee Party attended, and on the removal of the cloth, sang "Non Nobis Domine" very effectively. The CHAIRMAN then proposed "The Health of the Queen," which was drunk right heartily, and followed by "God Save the Queen," from Mr. Perry and his friends. "The Health of the Prince and Princess of Wales and all the Members of the Royal Family" was proposed by Dr. Pope and responded to very cordially. This was followed by a glee, "The Sailor's Home."

The "Memory of Hahnemann" was proposed by Dr. DE GERSDORFF, of Boston, who when a child had been a patient of "The Master." Dr. De Gersdorff's father, the Baron De Gersdorff, was one of Hahnemann's most zealous and self-sacrificing provers. The toast was drunk in solemn silence.

"Prosperity to Medical Education" was then proposed by Dr. VON DITTMANN, of St. Petersburg, and responded to by Dr. TALBOT, the Dean of the Medical Faculty of Boston.

Dr. BURNETT then proposed "Prosperity to American Surgery," which was responded to in a humorous speech by Dr. HELMUTH, of New York, during the course of which he successfully magnified his office by reciting an original poem in honour of surgery—a production which was received with immense applause.

"Medical Literature" was proposed by Dr. DUDGEON, and responded to by Dr. FOSTER, of Chicago.

This was followed by an extremely effective song by Mr. Perry, entitled "The Boatswain's Story."

Dr. BUSHROD JAMES, of Philadelphia, then proposed "Success to Homœopathic Hospitals," which was responded to by Dr. M'CLELLAND, of Pittsburg, who gave a very graphic account of the duties of a hospital surgeon in the United States.

"Prosperity to Homœopathic Societies" was proposed by Dr. MEYHOFFER, and responded to by Dr. BREYFOGLE, the President-elect of the American Institute of Homœopathy.

Then came a beautiful glee, "Haste ye soft gales." After which Dr. DRYSDALE proposed the "Health of our American Guests, to which Dr. CONRAD WESSELHÆFT responded.

Our "Continental Guests" was proposed by Dr. POPE, and responded to by Dr. CLAUDE, of Paris.

Dr. DAKE, of Nashville, then proposed the "Health of the President and Vice-President," who responded.

Several impromptu toasts were afterwards proposed and drunk with much enthusiasm, among which was one by Dr. BURNETT, that was especially well received—"The Health of the President of the United States," coupled with an earnest wish for his speedy recovery from the wound received from an insane assassin.

After leaving the dining-hall a considerable amount of time was spent in the hat-room in saying "good-byes," and many and most gratifying were the expressions of the pleasure our guests had enjoyed during the week.

No event of the week was productive of more enjoyment, none more thoroughly successful than this closing dinner, and Dr. Burnett, on whose shoulders rested the chief burden of making arrangements for it, may well be congratulated on the success of his efforts.

## NOTABILIA.

### TESTIMONIAL TO LORD EBURY.

WE much regret being obliged to omit the list of subscribers to the testimonial which is being raised to Lord Ebury, in consequence of the unusual pressure upon our space by the reports of the proceedings of the International Homœopathic Convention. But we are sure that our readers will be pleased to learn that a sufficient sum has been subscribed to enable the Committee to enter into arrangements with an artist of high repute to paint a full length portrait of the noble lord for presentation to Lady Ebury. Due notice will be given of its completion, so that subscribers may have an opportunity of viewing the work.

### THE INTERNATIONAL MEDICAL AND HYGIENE EXHIBITION IN SOUTH KENSINGTON.

Our readers will be interested in hearing of some of the contributions made to this exhibition by a few of our homœopathic colleagues.

Drs. Drysdale and Hayward exhibit drawings, plans, and books of their warming and ventilating system for houses. This system has been successfully carried out in the houses of our two friends at Liverpool. About two or three years ago a mansion was built on the Hove estate in Brighton, warmed and ventilated after this manner, when a number of medical and other scientific men were invited to listen to a clear explanation of this excellent system from Dr. Hayward. The principal feature of the plan is a central shaft with warm air, which distributes an uniform degree of warmth over the house, while the kitchen fire acts on a shaft which carries off all the foul air. Within twenty minutes all the air in the house can be renewed without any draught; the fresh warm air enters on one side of the ceiling, while the foul air is absorbed on the other. In summer, the air which enters the house can pass through wet, cold blankets and sheets; thus the air in the room is cooled, while the outer temperature is higher. What a benefit at such a hot season as that through which we have just passed. We recommend all our readers interested in home comforts and the prevention of disease to study Drs. Drysdale and Hayward's books and plans.

Dr. Dudgeon, who has most generously placed his invention of the best sphygmograph at the disposition of all manufacturers of medical and scientific instruments, exhibits this instrument. We hope our colleagues of the old school will appreciate the merits of this sphygmograph, one which can be applied to young and old in a recumbent, sitting, or standing position,

without causing the patient the slightest trouble. The pressure on the pulse can be changed from one to four ounces, so that the medical man can use it whether the patient is weak or strong. As the price is only one-third of the original and incomplete sphygmograph, we can but encourage our colleagues to provide themselves with this beautiful and exact instrument. They will soon find out that the old practice of examining the pulse by the finger is very uncertain and incorrect, as it depends upon the individuality of the medical man, whose touch or pressure vary according to his general state of health and strength.

There are some exhibits planned and carried out according to the ideas of another of our colleagues, who for many years has taken much interest in hygiene—Dr. Roth.

These are the publications of the Ladies' Sanitary Association, which was originated twenty-five years ago by Dr. Roth, who, with the assistance of Lady Mount-Temple (at that time the Honourable Mrs. William Cowper), by Lady Ebury (at that period Lady Robert Grosvenor), and Mme. La Comtesse de Noailles, *nee* Miss Trevelyan, and succeeded in establishing this society, which has published one and a half million of sanitary tracts, beginning with one on "The Health of Mothers," and "How to Manage a Baby."

Besides numerous popular lectures on sanitary laws, the society has distributed patterns of hygiene dresses for babies, infants, and children.

As Dr. Roth's name is not mentioned in connection with this important work, we suppose that the committee and the secretary have forgotten that they owe all to him.

Messrs. Coleman and Glendinning, of Wigmore Street and Norwich, exhibit Dr. Roth's hygiene school desk and chair. These have now been introduced into many schools, and are at present the best for comfort and health, because the body is able to lean while writing, reading, and drawing. The table or desk is movable, drawn to the writer, which prevents round and high shoulders, flat chests, deformities of the spine. Our readers are recommended when visiting the exhibition to try these chairs and to judge for themselves how comfortable they are.

The Society for the Prevention of Blindness and the Improvement for the Physique of the Blind—Hon. Treasurer (*pro tem.*) Dr. Roth—exhibit their papers, reports, and the best advice to mothers who do not wish their children to be blind. Half the blindness in Europe, amounting to 800,000 cases, is caused by the ignorance of mothers regarding the preventible and curable inflammation of the eyes of the new born. Of three persons who are blind two are blind through ignorance and neglect.

A series of twelve gymnastic models are also exhibited (which many years ago were modelled from life by a French sculptor,

Mr. Megrat, under Dr. Roth's superintendence), these serve for the physical education of the blind.

We recommend those interested in the diminution of blindness and in a better physical state of the blind, to address themselves to the hon. secretary, 48, Wimpole Street, London, W., for further information, and hope they will try to make it known that, as Dr. Roth says, "people have no business to be blind."

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### THE *LANCET* ON HOMŒOPATHY.

On the 21st of May last, the *Lancet* published a leading article, in which the writer admitted, as true, nearly everything that homœopathic practitioners have hitherto contended for. Three letters from well known homœopathic physicians were immediately addressed to our contemporary, pointing out this fact. After three weeks delay—suggestive of a good deal of discussion as to whether they should appear or not—these letters were published. By way of a "make-weight," a paragraph appeared in another portion of the *Lancet* deliberately misrepresenting the purport of these communications. That, however, it would seem, is not atonement enough for the *Lancet* to make for having published a nearly complete recognition of homœopathy. The ghost of its founder would seem to have been stirred up, to have "knocked" or "rapped" vociferously at the editorial door, and having gained admission to the sanctum, to have denounced, after the manner of former days, any conclusions whatever in favour of homœopathy. And now, in consequence of all this hubbub, we find the *Lancet* of the 16th ult. appealing to the British Medical Association to re-enact the resolutions of 1851, resolutions denouncing as false that which two months before the *Lancet* had declared to be true!

It is really a matter of very little consequence to any one, except members of the British Medical Association, whether their resolutions are repeated, or whether they are not. The only effect that any re-enactment of them can have will be to stamp those engaged in the operation as a body of blind, stupid dolts, incapable of learning anything or of perceiving the signs of the times. These resolutions are so well known that it is unnecessary for us to reproduce them here, especially as they are fully set forth in the *Lancet* of the 16th. The first has, we may state, been proved to be utterly erroneous by the general experience of the profession. The second is a pure fabrication, and has not and never had any justification in fact. Upon these two resolutions hang all the rest, except the ninth, which is as genuine a piece of cant as ever was uttered by Mr. Pecksniff. The *Lancet* describes the resolutions as "excellent, decided, straightforward, honest!" And then proceeds, with an apparent effort at a sigh, to say, "but in view of recent events and expressions of

opinion, there is room for question whether, with increasing age, this Association, or rather some of its leaders, may not have lost part of their early zeal for 'honesty' in professional conduct!" Much as the *Lancet* may desire to imitate the efforts of the late Mrs. Partington, who strove hard to prevent the incursion of the waves of an advancing tide with her mop, we suspect that the present crusade against therapeutic truth will terminate after much the same manner—the pen will be as impotent against truth, as the mop was against the sea!

Let the opponents of homœopathy pass their resolutions if they can. No intelligent physician or surgeon will attach the slightest importance to them.

But the Association cannot pass them if it would. It is now a "Limited Company," and registered under the Friendly Societies' Act—and as their resolutions and their consequent bye-laws are "in restraint of trade," they are inadmissible in point of law!

How can Wakley's ghost be propitiated? Alas! How?

#### HAHNEMANN PUBLISHING SOCIETY.

A MEETING of this Society was held on Wednesday, the 12th ult., Dr. Hughes in the chair. We are compelled by the pressure on our space to postpone the publication of the report until our next number.

#### LIST OF SUBSCRIBERS TO THE INTERNATIONAL HOMŒOPATHIC CONVENTION, 1881.

	£	s.	d.		£	s.	d.
Dr. A. P. Anderson.....	1	1	0	Dr. Cash .....	1	1	0
Dr. Bayes .....	2	2	0	Dr. Chalmers .....	1	1	0
Dr. Baynes .....	1	1	0	Dr. Clare .....	1	1	0
Dr. William Bell .....	1	1	0	Dr. Clarke .....	1	1	0
Dr. Black .....	1	1	0	Dr. A. Clifton .....	1	1	0
Dr. Charles Blackley .....	1	1	0	Dr. George Clifton .....	1	1	0
Dr. Galley Blackley .....	1	1	0	Dr. Collins .....	1	1	0
Dr. E. Blake .....	1	1	0	Dr. Cooper .....	2	2	0
Dr. Gibbs Blake .....	1	1	0	Dr. Cronin .....	1	1	0
Dr. Blumberg .....	1	1	0	Dr. Croucher .....	1	1	0
Dr. Blyth .....	1	1	0	Dr. Dixon .....	1	1	0
Dr. Bodman.....	1	1	0	Dr. Drury.....	1	1	0
Dr. Bradshaw .....	1	1	0	Dr. Drysdale .....	1	1	0
Dr. Brooks .....	1	1	0	Dr. Dudgeon .....	1	1	0
Dr. Dyce Brown .....	1	1	0	Dr. W. Ford Edgelow ..	1	1	0
Dr. Samuel Brown .....	1	1	0	Mr. Engall .....	1	1	0
Dr. Bryce .....	1	1	0	Dr. Epps .....	1	1	0
Dr. Buck .....	1	1	0	Dr. Flint ..	1	1	0
Dr. Burnett .....	1	1	0	Dr. Galloway .....	1	1	0
Dr. Burwood .....	1	1	0	Dr. Gibson .....	1	1	0
Dr. Butcher .....	1	1	0	Dr. Goldsborough .....	1	1	0
Mr. Cameron .....	1	1	0	Dr. Gould.....	1	1	0
Honbl. Dr. A. Campbell...	1	1	0	Dr. Guinness .....	1	1	0
Dr. Carfrae .....	1	1	0	Dr. Gutteridge.....	1	1	0

**FRANCIS BLACK, *Treasurer.***

GENTLEMEN,—There is reason to believe that some of the medical men present at our recent Convention did not enter

their names in the Secretaries' books. If this letter should meet the eye of any who failed so to do, I shall be much obliged if they will send me their names and addresses at once, that I may have a complete List for insertion in the Transactions.

Yours very respectfully,

RICHARD HUGHES, *Permanent Secretary.*

86, Sillwood Road, Brighton.

July, 19th, 1881.

### ERRATUM.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—My attention has been directed by Dr. Proctor to an error in an article on Albuminuria in the last (July) number of the *British Journal of Homœopathy*, the editors of which have kindly promised to insert an erratum to the following effect:—p. 264, line 12, *for six grain doses read one grain doses*; and line 13, *for has read have*. But as their journal will not appear for two months, and as I wish the error to be corrected as soon as possible, will you kindly give insertion to this in your forthcoming number, and oblige,

Yours truly,

15, Euston Square,  
July 19th, 1881.

THOS. ENGALL.

### NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. ROTH, Dr. BURNETT, Dr. HEWAN (London); Dr. KENNEDY (Blackheath); Dr. BAYES, Dr. HUGHES (Brighton); Dr. HAYWARD (Liverpool); Dr. SHARP (Rugby); Dr. AMLEY (Halifax); Dr. PEMBERTON DUDLEY (Philadelphia, U.S.A.); Dr. BLACK (London); Dr. E. M. MADDEN (Birmingham); Dr. PROCTOR (Birkenhead); Mr. ENGALL (London); Dr. CHATTERTON (Chicago); Dr. NEWMAN (Bath).

### BOOKS RECEIVED.

*Rheumatism: its Nature, its Pathology, and its Successful Treatment.* By T. J. MacLagan, M.D. London: Pickering & Co.—*The British Journal of Homœopathy*.—*The Homœopathic World*.—*The Chemist and Druggist*.—*Burgoyne's Monthly Journal of Pharmacy*.—*The Students' Journal*.—*Boston University School of Medicine. Ninth Annual Commencement*.—*The American Journal of Homœopathy*. New York.—*The New York Medical Times*. New York.—*United States Medical Investigator*. Chicago.—*Hahnemannian Monthly*. Philadelphia.—*The Medical Advance*. Cincinnati.—*New England Medical Gazette*.—*Therapeutic Gazette*. Detroit.—*Bulletin de la Soc. Hom. de France*.—*Bibliothèque Homœopathique*.—*Revue Hom. Belge*.—*Allg. Hom. Zeitung*.—*El Criterio Medico*.—*Rivista Omiopatica*.—*Boletino Clínico del Instituto Homœopático de Madrid*.—*La Reforma Medica*. Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W., or to Dr. D. DYON BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE BRITISH MEDICAL ASSOCIATION AND HOMŒOPATHY.

ANY time within the last twenty years, and even quite recently, we have been soberly told by those who ought to know better, and who do know better, that homœopathy is dead. If so, the physiology of the homœopathic corpse is, to say the least, peculiar. Instead of following out the maxim "earth to earth," it shows ever-increasing vitality, and has of late administered several decided "eye-openers" to those who chose to believe that it was defunct.

The fact is, that instead of being dead, homœopathy at the present time is more living and active than ever, leavening to an extent to which no one, even of its opponents, can shut his eyes, the doctrines and practice of the old school. The *Lancet*, as we lately pointed out, in a remarkable editorial article, admitted the whole points at issue, although, three weeks after, the editor found himself obliged to cry *peccavi* in the most humiliating and ridiculous manner, for the enlightened article of May 21st. And now we find, by the report of the annual meeting of the British Medical Association, held last month at Ryde, that the subject of homœopathy has so come to the front, as to be discussed in the address of Mr. BARROW, the President,

in Mr. JONATHAN HUTCHINSON'S "Address in Surgery," and in Dr. BRISTOWE'S "Address in Medicine."

Says Mr. BARROW:—

"No one can, I think, deny that the homœopath stands upon very peculiar ground. He practises a system of medicine (although I have no belief in it); nevertheless it is a *system*, and, if carried on in its purity, as laid down by the founder of the system, and as long as the homœopath adheres strictly thereto, I fail to see how he can be called a quack, or why he should be tabooed by the profession, as it were, cut off from a position amongst medical men, forbidden to gather together with them, and prevented from discussing publicly his system, and hearing the contrary from those practising legitimate medicine. The benefit would be mutual, and these discussions would be of benefit to the public, and an additional proof to them that their weal was uppermost in our minds."

This is something for the President of this Association, although he adds that he considers homœopathy a "faulty and pernicious system." If "pernicious" it is absurd to call it "faulty," and if only "faulty," why "pernicious?"

Mr. JONATHAN HUTCHINSON devotes a considerable portion of his address to the question of the propriety of meeting homœopaths in consultation. He considers that the followers of the "talented and learned enthusiast" who founded the system are not to be called "fools," but are only weak-minded, and in this complimentary estimate he includes not only the medical practitioners of the system, but the laity, high and low, who prefer to be treated homœopathically. This is too amusing to take offence at. We can afford to smile at it. But the practical outcome of his observations is that, although the public and many of the profession are thus weak-minded, the strong-minded allopath—at least, if he is a surgeon—ought to forget this, and having an eye to the good of the public, he ought not to decline to meet a homœopathic practitioner if the case is a surgical one. We are glad to hear that this view of respon-

sibility to the public is coming uppermost in the minds of such eminent surgeons as Mr. HUTCHINSON. It is not so very long ago that the late Sir WILLIAM FERGUSSON had himself set on by a nest of hornets, and had to cry *peccavi* for having been guilty of the crime of saving the life of a patient who was under the care of a homœopath, by passing a catheter. It is, therefore, a distinct gain in professional right feeling to find a man in Mr. HUTCHINSON'S position disdaining all sympathy for such barbarous trades-unionism. He argues that any practitioner who is on the *Medical Register* has a right to call on a professional brother for help in such circumstances. As these views are thus grounded on the legal professional status of the homœopath, and on their responsibility to the public, we shall not quarrel with him for his complimentary estimate of the mental faculties of the homœopathic public and practitioners. The curious point is that Mr. HUTCHINSON says he has several times met homœopaths without knowing at the time that they were homœopaths, and that, the case being surgical, he has "never yet encountered the slightest difference of opinion"—nor, we may add, noticed any mental weakness—till he found out afterwards that they were heretics! The remarks of both Mr. BARROW and of Mr. HUTCHINSON, however, afford no evidence, but the contrary, that they have ever studied our system of therapeutics, or, in fact, know anything of it practically, illustrating in this the position of the majority of the old-school, who venture to express an opinion on its merits.

Far different is it, however, with the address of Dr. BRISTOWE. With, perhaps, the single exception of the editorial article in the *Lancet* just referred to, and, we ought also to add, some papers by Drs. ROSS and RABAGLIATI in the *Practitioner*, and a work on Therapeutics by Dr. ROGERS, Dr. BRISTOWE'S address is the only public

utterance from the old-school which shows that its author has taken pains to make himself acquainted with the subject on which he is going to discourse. We have so often had to remark that the opinions of a man who speaks or writes on a subject of which he displays the grossest ignorance are worth less than nothing, that it gives us the greatest pleasure to meet with a physician with whom we can calmly discuss points in dispute, knowing that he has honestly and carefully studied his subject.

Dr. BRISTOWE's address is a very able one, and just such as we should expect from so enlightened a physician. He is not, in this address, a special pleader, but one who wishes to do as much justice as he can to Hahnemann and homœopathy, consistently with the fact of his disbelief in the system.

This disbelief is, however, as we shall see, entirely theoretical, as Dr. BRISTOWE never once says he has put it to the practical test, and, indeed, there is no evidence in his remarks to lead us to suppose he has done so. It is a thousand pities that our opponents will not put homœopathic treatment to the practical test of success or failure. The system may be objected to theoretically, but as the proof or disproof of a theory can be only obtained by actual experiment, so, however interesting it is to have a theoretical argument on the question, it never comes to a satisfactory issue. The one disputant says, "I have repeatedly tried it and found the theory proved, and in fact have such confidence in its truth that I base my practice on it, and find vastly better results than I did before I thus practised." His opponent can only add, "I don't believe the theory, and shall not try whether, practically, I am right or wrong."

It is an interesting and a very instructive fact that several of our staunchest adherents, both in the profession and among the public, have been previously so opposed to the belief of its truth, theoretically, that it was only by the pressure of friends that they were induced to try it, more for the sake of getting rid of the importunity of their friends than anything else, and have been literally convinced against their will.

But to return to Dr. BRISTOWE, as we are anxious to do him full justice, while at the same time pointing out when he is wrong or mistaken, we think the best way is to quote the larger portion of his address, and make running com-

ments on it. Our comments then will be placed in brackets to distinguish it from Dr. BRISTOWE's text.

In the first place, Dr. BRISTOWE endeavours to do justice to HAHNEMANN as a man of learning, earnestness and thoughtfulness. He says :—

“ Many will sympathise with him now, as many doubtless would have sympathised with him then, in the dissatisfaction which, about this period, he undoubtedly felt with the chaotic state of therapeutical theory and practice at that time prevalent, and with the aspirations that sprung up within him to make order out of confusion, to discover some intelligible relation between therapeutic agents and morbid processes, to systematise the curative treatment of disease. And many, even of those who dissent most widely from his conclusions, will still, I think, admire the tenacity, the energy, and the sublime bigotry he displayed in the development of that system of which he was at once the creator and apostle.”

He next says of the *Organon* :—

“ How HAHNEMANN's special views of disease and its treatment originated, and how they underwent gradual development, until they found exact expression in his *Organon*, the bible of homœopathy, I shall not attempt to discuss. The *Organon* itself, however, is a remarkable work, very interesting also, and very entertaining ; for it not only comprises the quintessence of his labours, but reveals the character of the man, as in a mirror, with all his strength and all his weakness, all his wisdom and all his folly.”

Then comes the following passage :—

“ He was a physician who had a supreme contempt for pathology, and on the whole for etiology. He inveighs over and over again against the absurdity of those who endeavour to discover, in morbid phenomena within the body, an explanation of the symptoms which persons who are ill present. He says : ‘ We may well conceive that every malady implies a change in the interior of the organism, but this change can only be surmised obscurely and fallaciously from the symptoms ; it can never be recognised infallibly in its complete reality. The invisible changes wrought by the malady within the organism, and the changes perceptible to our senses (that is to say, the sum of the symptoms), together form a complete image of the malady ; but that image is only visible in its entirety to the eye of the Creator. It is the totality of the symptoms which alone constitutes the part of it accessible to the doctor ; but it is likewise in the totality of the symptoms that we find everything that it is needful to know in order to cure.’ To HAHNEMANN it is a matter

of no moment whether ascites depends on cirrhosis of the liver, or tubercle of the peritoneum ; whether an attack of constipation and colic arises from lead-poisoning or from a cancerous stricture ; whether a paralytic seizure is the outcome of hysteria, or is due to some material lesion of the brain. In each case, to him, what is the condition of things within is an idle speculation ; the symptoms of which the patient complains comprise all that the medical man need know ; and to treat these according to the true laws of homœopathy is to cure the disease. But he goes further ; for, not satisfied with stigmatising all pathological investigations as mere pedantry and foolishness, he actually objects to all attempts on the part of systematic writers and practical physicians to distinguish and classify diseases. Speaking of pathology in the past, he says : ‘ It created arbitrarily the object of cure—namely, the malady. Men decided authoritatively what are the number of diseases, what their form, and what their genera. Good God,’ says he, ‘ the infinity of diseases which nature excites in man, exposed as he is to so many different influences, under conditions never to be determined beforehand, and infinitely varied, is reduced to such an extent by pathology, that there remains only a handful of them, fashioned according to its whim.’ Elsewhere he observes : ‘ We may also pass over in silence the fact that persons have tried to reduce the number of maladies—those infinitely varied deviations from the state of health—to a limited list of denominations, and to give them definite descriptions (which vary, nevertheless, according to different pathological views), in order to afford a ready indication of medical treatment for each form of illness that is artificially defined in therapeutics.’ And again he says, in reference to the causes of disease (which he regards as innumerable) : ‘ Thence come an infinite number of heterogeneous diseases which are so different from one another that (to speak strictly) every case of illness appears only once, and (if we except the few diseases which originate in a miasm always of the same kind, or which arise from the same cause) every man who becomes affected suffers from a special malady, to which no specific name can be given, and which has never existed in the same manner as in the present case, in the particular individual and under existing circumstances, and will never be reproduced in exactly the same form.’ ”

[Now, as to HAHNEMANN’S “ supreme contempt for pathology,” we have simply to ask Dr. BRISTOWE what was the state of pathology at the date of the publication of the *Organon* (1810)? Is there a work, antecedent to that period, on pathology, which one can even find extant at the present day, or is there pathology to be found in any work

on "Practice of Medicine" at that time such as Dr. BRISTOWE or any man of the present day would take the trouble to study, except for the purposes of the historiographer? In the beginning of this address Dr. BRISTOWE himself says that "it is mainly within the present century that anatomy, physiology and pathology have risen into the dignity of sciences," and can we wonder that as HAHNEMANN noticed how the current views of the pathology of disease regulated entirely its treatment, and perceiving how little was really known of pathology in his time, can we wonder that he resolved, for the purposes of treatment, to cast aside what was uncertain and misleading? We venture to say that if Dr. BRISTOWE had lived in HAHNEMANN's day, and felt as he did in regard to the "chaotic state of therapeutical theory and practice," he would have felt the same contempt for pathology, such as it was at that time. But it is an entire mistake on Dr. BRISTOWE's part to say that to HAHNEMANN, it was "a matter of no moment whether ascites depends on cirrhosis of the liver, or tubercle of the peritoneum; whether an attack of constipation and colic arises from lead-poisoning or from a cancerous stricture; whether a paralytic seizure is the outcome of hysteria, or is due to some material lesion of the brain." He would have formed his opinion as anyone of the present day would do, as to the nature of the disease; and how, may we ask, can these several causes of the same result be diagnosed but by the symptoms? In each of the three diseases named, the alternative causes named produce such different symptoms that, not only is it by means of these symptoms that we can make the diagnosis at all, but the man who goes most into detail in symptoms will be the one who will probably make the best diagnosis. The first passage from the *Organon*, which Dr. BRISTOWE quotes, proves the incorrectness of Dr. BRISTOWE's assertion. HAHNEMANN says that every malady implies a change in the interior of the organism, but it is our ignorance, or—to put it for the sake of argument—the ignorance in HAHNEMANN's time, of what those changes, often very minute, consisted, that HAHNEMANN put them aside as *guiding to treatment*. That he did not ignore these pathological changes, such as were known, in the way of developing symptoms, we see by this same passage, when he says, "The invisible changes wrought by the malady within the organism, and the

changes perceptible to our senses (that is to say, the *sum of the symptoms*), *together* form a complete image of the malady; but that image is only visible *in its entirety* to the eye of the Creator."

HAHNEMANN is perfectly correct in adding, "It is the totality of the symptoms which alone constitutes the part of it accessible to the doctor," and Dr. BRISTOWE's illustrations are quite to the point in explaining what HAHNEMANN means. Equally correct and scientific is it on HAHNEMANN's part to add further "but it is likewise in the totality of the symptoms that we find everything that is needful to know in order to cure." Not, it will be observed, that these are all that is needful to know, but all that is needful to know *in order to cure*. It will also be observed that here, it is not merely the subjective symptoms which HAHNEMANN advises to be noted, but the totality of the symptoms, including those which can be gathered or interpreted from what knowledge we have of the pathology of disease, and the changes also perceptible to our senses. In other words, this passage which Dr. BRISTOWE quotes from the *Organon*, shows that HAHNEMANN's views were these:—ascertain *everything* about the patient which can be put down as an existing fact—the totality of the symptoms; but set aside theory, which may be, and often is, very misleading. And in spite of the great advances in pathology and diagnosis of disease which have been made in the last 30 or 40 years, this is still the ground which must be taken up by the physician *as a healer*. Even at the present time, how often has theory guided the treatment, and guided it utterly wrong, explaining the waves of therapeutical belief and practice which have flowed and ebbed, and passed away to the domain of history. The other two quotations which Dr. BRISTOWE gives are well worth study. They give HAHNEMANN's views as to the essential importance of individualising cases of disease when the question is one of treatment. His objections, it is very clear from this passage, to the "limited list of denominations" and "definite descriptions" are plainly owing to the use made of such classifications and "definite descriptions" "to afford a ready indication of medical treatment for each form of illness that is artificially defined in therapeutics," and not to the mere description and classification of leading forms of disease for the purpose of systematic arrangement. This insistence

on his part of the necessity for individualising *each case* of disease with a view to treatment is one of the wisest and most advanced doctrines that he inculcated, and at this present day, in the addresses of the most enlightened teachers in the old school, the same necessity for individualising each case, and not treating it as a case of this or that disease is equally strongly insisted on. We believe we are perfectly correct in stating that no two cases of the same disease are absolutely alike, and consequently the scientific physician, while bearing in mind, for the purposes of diagnosis and classification, the main features which characterise a given class of cases, individualises each case when he comes to prescribe.]

Dr. BRISTOWE goes on :

“ For him, I should think, preventive medicine which deals specially with the causes of disease, and has been successful only in proportion to its knowledge of them, would have been a delusion and a snare. In the second place, pathology, and more especially morbid anatomy, had no meaning for him. All the laborious investigations conducted in our deadhouses, which we fondly imagine to add to our knowledge of disease, and to which (in association with clinical study) we attribute most of the advances that have been made in medicine of late years—such as the differentiation of kidney-diseases, the recognition of suprarenal melasma, the discovery of the condition known as embolism, the exact recognition of the nature of tumours, the discoveries which have been made in regard to the diseases of the nervous system—would be looked upon by him with contempt. For what, in the third place, have such investigations and such knowledge to do with diseases as he understood them ? His diseases, as I have shown, were, with a few exceptions, simply groups of symptoms—mosaics of which the component pieces admitted of endless rearrangement. Intermittent fever constituted one of the cases in which he recognised the operation of a definite cause ; but, notwithstanding this, intermittent fevers were themselves innumerable, and each case that came before him was an independent disease. I do not wish to misinterpret his views. He recognises, I admit, the existence of morbid causes ; but he seems to liken them to the impulse which propels a ball, and to think that with their initial impulse all their specific influence ceases. Nor does he deny the existence of pathological changes in the interior of the body ; but he says that we cannot detect them ; that, as a matter of fact, they are correlated with the symptoms which patients present, and together with these are common manifestations of the same disease ; and that in the symptoms alone we

have a sufficient indication of the nature of the disease and of the treatment to be adopted for its cure."

[Now, "preventive medicine" has been only developed into its present state in the last few years, and to say of HAHNEMANN, who introduced the use of *belladonna* as a *preventive* of scarlet fever, that preventive medicine "would have been a delusion and a snare," is one of the most gratuitous assumptions we have ever met with. Then as to pathology and morbid anatomy having no meaning for him, we have already seen what meaning it had, and in the latter part of this quotation Dr. BRISTOWE himself states the case just as we have done. But the examples which Dr. BRISTOWE gives here of the pathological advances of the present day only show more clearly how unfairly he is judging HAHNEMANN. None of these points in pathology were known when he wrote the *Organon*. The stethoscope and the physical signs of diseases of the chest were then unknown. Why thus condemn a learned and earnest physician because he did not know what was then known to no one. If this is not asking a man to make bricks without straw what is it? Let our opponents be simply fair, and judge of a man's knowledge by what was known at the time. With all that was known HAHNEMANN was thoroughly acquainted, since we find him translating an English work (Cullen's *Materia Medica*) into German, and displaying profound knowledge of all writers on medicine, from HIPPOCRATES downwards].

Dr. BRISTOWE goes on :—

"Of course, in all this there is much that is true, and much that is specious. Were it not so, his theories would long ago have been abandoned; for it is the mixture of truth and verisimilitude with error that gives error currency. But how much of wild speculation, how much of absolute ignorance of the matters which he proposes to teach, how much obstinate shutting of his senses to the truths of nature!"

[We are glad to hear Dr. BRISTOWE say there is much that was true in HAHNEMANN's views, but we fail to see the speciousness, the error, the wild speculation, the absolute ignorance of the matters he proposes to teach, or any shutting of his senses to the truths of nature. If ever a man had his senses open to the truths of nature it was HAHNEMANN].

In the next passage, which, for want of space, we cannot quote in full, Dr. BRISTOWE again quotes from

HAHNEMANN in a passage beginning—"All human maladies have, up to the present time, been cured not by," &c., &c.—from which Dr. BRISTOWE argues that HAHNEMANN "seems to start from the fascinating belief that all symptoms of disease, and therefore, from his point of view, all diseases, are curable." HAHNEMANN never says anything of the kind. In the passage Dr. BRISTOWE quotes he says that "all human maladies"—not have been cured, *simpliciter*—(how could he have said such a thing?) but those that have been cured have been so by certain methods, the fallacy of which he proceeds to point out. Dr. BRISTOWE ought here to be fair in his reading of the passage.

Next, Dr. BRISTOWE says:—

"Stated generally, his views are as follows: the innumerable diseases which afflict mankind, and which arise out of natural causes, consist, for the purposes of the physician, of groups of symptoms; the innumerable remedial agents which exist in nature, locked up in the animal and vegetable kingdoms, and in the inorganic world, are themselves the causes of a parallel series of artificial diseases, which again, for the purpose of the therapist, consist of groups of symptoms; in order to cure any natural disease that may come before us, it is necessary to administer that particular remedial agent which is capable of producing identical symptoms with it, and of course this must be given in a suitable dose, for, if in too minute a dose, it leaves a residuum of the original disease uncured; if in too large a dose, it cures the disease, but induces after-effects of its own; and, further, inasmuch as we are not yet acquainted with the specific virtues of all remedies, and inasmuch, therefore, as for a large number of diseases the most suitable homœopathic remedy has not yet been discovered, we must in such a case select a remedy the effect of which approximates to the symptoms of the disease, by which means we shall cure a certain area, so to speak, of the primary disease, but we shall leave a new disease behind, compounded of the as yet uncured symptoms of the old disease, and the supernumerary symptoms due to the drug itself, which new disease must be treated *de novo* on homœopathic principles. How curious, how ingenious, how interesting the whole thing is! How excellent, if true! And has it not the simplicity of truth in it? The entire range of diseases, the entire range of therapeutics, converted into Chinese puzzles; the phenomena of diseases and the effect of drugs upon them treated as algebraical equations! It is impossible to conceive of any physician working daily by the bedside of patients, and in the dead-

house, and seeing diseases as they are, framing such a system, except as a joke. It could only have been, as in fact it was the serious work of a visionary who had thrown off the trammels of fact, and allowing his imagination to run riot, mistook its fantastic figments for a revelation from heaven."

[This general statement of HAHNEMANN's views is in the main correct, but Dr. BRISTOWE's statement that they amount to a Chinese puzzle or an algebraical equation is absurd. Dr. BRISTOWE may find it impossible to conceive of a physician working at the bedside on HAHNEMANN's lines, except as a joke, but hundreds of fully qualified physicians in this country and on the continent, and thousands in America, do so daily, and fail to see it as a joke, but as a grand reality, the majority of them having formerly treated their patients on the old system, which they have abandoned in favour of the new. What gives the homœopathic physician such interest and enthusiasm in his work is that the homœopathic relationship between disease and drugs is so "curious," "ingenious," "interesting," "simple," "excellent," and withal "true." So far from homœopathy being the work "of a visionary who had thrown off the trammels of fact," it is fact that the system is based on entirely, and without which facts it would be nowhere.]

The next passage is interesting.

"That Hahnemann believed in himself and in the absolute truth of all that he taught, is beyond dispute. He was a prophet, not only to his followers, but in his own eyes. All other systems of therapeutics but his were folly, and all who pursued them were fools. That he had learning, and ability, and the power of reasoning, is abundantly clear. He saw through the prevalent therapeutical absurdities and impostures of the day; he laughed to scorn the complicated and loathsome nostrums which, even at that time, disgraced the pharmacopœias; and he exposed with no little skill and success the emptiness and worthlessness of most of the therapeutical systems which then and theretofore had prevailed in the medical schools; and then he invented and proclaimed a system of his own at least as empty and as worthless as any that had gone before. In this, I suppose, there is nothing very strange; for it is only the broadest intellects (and his was an essentially narrow one) which are capable of treating the offspring of their own brains with the severe impartiality they manifest in other cases."

[Dr. BRISTOWE, in here describing homœopathy as being

“at least as empty and worthless as any that had gone before,” is simply begging the entire question.]

Dr. BRISTOWE next proceeds to consider briefly “the character of the therapeutical facts and arguments which he alleges in support of his doctrines, and the methods of investigation which he taught and practised,” and refers to the mass of quotations from medical writers from the earliest date till his own, which HAHNEMANN publishes in the introduction to the *Organon*. He quotes only two—the cure of the “sweating sickness” by sudorifics, and the reduction of fever by a hot bath. Dr. BRISTOWE considers the whole series of quotations as worth little. But he will find that HAHNEMANN himself says that he places little or no importance on these quotations, having merely accumulated them as an interesting illustration of the previous unwitting use of the principle of similars, not as an argument of importance for his case, but merely an unintentional corroboration of it. Dr. BRISTOWE then proceeds: “In the second place, as regards his own homœopathic observations; these, as given in the *Organon*, are not very numerous. For the most part, he there lays down the law oracularly, and quotes the more or less questionable and loose statements of other authors, in support of his opinions.”

[The *Organon* is a work on the *principles* of scientific medicine, not a clinical work at all—hence the absence of many cases.]

“There are two or three observations, however, apparently his own, or at any rate confirmed by his own experience, which are really interesting. He speaks, as I have before pointed out, of intermittent fevers as being innumerable, and derides the blind pathology which makes of them one disease; and proceeds: ‘Pathology feigns this in order to give pleasure to her dear sister, Therapeutics, who, excepting *antimony* and *sal-ammoniac*, has, as a rule, no other remedy against intermittent fevers than *cinchona*, with which she treats them according to a fixed method, as if they were all identical! It is true,’ he continues, ‘that these fevers can be suppressed by enormous doses of *cinchona*, that is to say, that their periodical recurrence is overcome by it; but those who are affected with intermittents for which this remedy is unsuitable are not cured by it, but remain continually ill, and worse than they were before. And this is what the vulgar art of medicine calls a cure!’ He regards *cinchona*, and mentions it elsewhere, as a homœopathic remedy for ague attended with certain groups of symptoms. Homœopathic, forsooth! when the most striking therapeutical fact concerning *quinine* is

that it lowers temperature ; while the most striking clinical feature of ague is the extraordinary rise of temperature which attends its paroxysmal attacks."

[The power of *quinine* in *very* large doses to lower temperature is only one fact; an equally important one, and the one which constitutes *quinine* homœopathic to ague is its power to develop in the healthy body a paroxysm exactly resembling a typical fit of ague. This fact has been ignorantly denied by allopaths, but the evidence is ample, and even TROUSSEAU and PIDOUX in their *Materia Medica* admit it. We ourselves have seen at least one unmistakable case of this. The reason of its being denied is that the ague-like phenomena occur comparatively rarely, and only in those who have the special idiosyncrasy. It is one of these very important groups of symptoms which Dr. DRYSDALE terms "contingent," and which he points out are generally of the highest importance as curative indications.]

"But fancy ague, which (Hahnemann notwithstanding) is in all its forms identically the same disease, being homœopathic to *quinine* in one case, and allopathic or antipathic in another; being in one case curable by *quinine* administered in infinitesimal quantities, and in another aggravated by the same remedy in large doses. I do not know what the present views of homœopathic practitioners may be as to the relations of *quinine* and ague; but I appeal to everyone of experience besides as to whether ague ever succumbs to the use of infinitesimal doses of *quinine*, and whether, in the large majority of cases, it does not yield with no ill consequences (due to the drug) to *quinine* in large quantities?"

[Ague is, as Dr. BRISTOWE says, in all its forms identically the same disease, but this does not argue that the same remedy is the right one for all cases. HAHNEMANN'S argument is a carrying out of his principle of individualisation of cases, no two cases being precisely similar. Hence, while a case of ague which is a *typical* one, that is, where all the stages are typical in duration and time of access, is cured with *quinine*, and in very small doses, it is well known by "everyone of experience" (Dr. BRISTOWE notwithstanding) that many forms of ague are not at all benefitted by *quinine*, but rather made worse. Many cases, utterly unamenable to *quinine*, are cured rapidly by *arsenic*, *nux vomica*, *ipêcacuanha*, *cedron*, *natrum muriaticum*, &c., while, if Dr. BRISTOWE wants allopathic authority, he will find

it in the report of Dr. BOUDIN, surgeon-general to NAPOLEON'S army in Egypt. There, BOUDIN found that many cases were not only not cured by *quinine*, but were made worse by it, while they yielded rapidly to *arsenic* in a dose of  $\frac{1}{10}$  of a grain. But when *quinine* is the remedy very small doses cure.]

“ Again, he speaks over and over again of itch, a disease with which he seems to have been familiar, and which he assumes to be an affection pervading the whole organism, but attended, as small-pox is, with a rash; and in reference to it, he insists upon the folly of endeavouring to cure the skin disease by local applications, a procedure which, he says, has the effect of aggravating the constitutional disorder; and he teaches that the disease is only to be cured by the internal administration of *sulphur* in homœopathic doses. Now, it is pretty certain that Hahnemann did not very clearly distinguish itch from many other forms of cutaneous eruption; still, many of his cases of itch were true itch, no doubt. But what can practical men think of the insight into diseases, of the power of observation, of that man who discovers that to destroy the local phenomena of itch is to aggravate the patient's illness; that itch itself is ever curable by any internal remedy whatever? No doubt he was not aware that itch is due to the burrowing of parasites in the skin; but if he had been, it would have made no difference to him; for he would have argued of them and of their relation to itch, as I have already shown that he argues of intestinal parasites and the symptoms of disease which are usually attributed to their presence.”

[When HAHNEMANN wrote the *Organon*, it was not known that the true itch was dependent on a parasite, as Dr. BRISTOWE admits, but one has only to read his writings carefully—the *Organon* is sufficient—to see that under the names psora or itch he includes all itching skin eruptions, whether papular, vesicular, or pustular, and his views of the proper treatment of these, culminating in his doctrine of “*psora*,” are not only strictly scientific and far-seeing, but they are adopted by the best dermatologists of the present day, under the name of the “herpetic” or “*dartreux*,” diathesis or “herpetism.” It is quite gratuitous to assume that if HAHNEMANN had known of the itch parasite, as distinguishing the itch proper, or *scabies*, from other similar eruptions, he would have ignored the fact. But what he would probably have insisted on is, that most or all cases of long standing itch which resist sulphur ointment were dependent on a state of health which required

internal treatment by sulphur in minute doses. Those who have had large experience of scabies, in workhouses for example in Scotland, are well aware that while many cases may be cured in twenty-four hours by the application of sulphur ointment, many, on the other hand, will remain weeks, or even months, uncured, though rubbed daily. In the former class there is no diathetic taint, the parasite is killed easily, and the patient is well, while in the latter, the parasite finds a suitable *nidus* in which to live, and no amount of external application cures them. An illustration of the same thing one sees in different cases of ring-worm. These obstinate chronic cases then require internal treatment to modify the state of health, which permits of the existence of the parasite. HAHNEMANN'S advocacy of the psora theory only shows how much his views were in advance of his own day.]

“But, in the third place, before medicines can be employed homœopathically, their collective effects must of course be ascertained and tabulated; and before cases of disease can be treated homœopathically, their symptoms must also be accurately determined and tabulated; in order that the appropriate, or at any rate the most appropriate, remedy may be selected for each. We cannot, therefore, quarrel with Hahnemann for requiring that drugs shall be carefully tested or proved, and that cases shall be carefully and accurately recorded. But what does he mean by proving of medicines, and what by taking of cases? Most men accustomed to scientific investigations would say that, in order to determine the precise potential characteristics of any unknown agency, it should be interrogated, and cross-examined, and tested from all points of view; that, if a drug, its chemical properties should be determined, and its action on the living and on the dead, in health and in disease, should be exhaustively ascertained. That is not Hahnemann's notion at all. Drugs being, in his view, agencies which impart disease, must be tested only on the healthy body, in order to determine, in accordance with homœopathic requirements, what natural diseases their effects simulate. And the method of procedure is, that the experimenter and those who act under his directions, shall take regulated doses of the drugs they wish to examine, and then note, in each case, accurately every phenomenon which develops itself during some period, determined more or less arbitrarily, after the reception of the drug. The system, to the uneducated eye, looks, perhaps, fair and reasonable. But we must admit the truth of the homœopathic view of the relations between medicines and diseases before we can admit the special value of investigations conducted only on the healthy body; and,

as regards the method of investigation which he teaches, can anything be better calculated to promote self-deception? Think of the innumerable phenomena which a hypochondriacal old man, a youthful enthusiast in experimental research, or a credulous believer, would find under such circumstances, arising from inconceivable doses of the most inert substances—the itching at this point, the aching at that, the variations in the pulse, the watering of the eyes, the noises in the ears, the muscular startings, the eructations, the rumblings in the bowels, and many other matters of the same kind. What pictures of the mimicry of disease might be thus produced and varied *ad infinitum*; of what innumerable pictures of the kind (comprising here and there doubtless accurate and valuable observations) is the homœopathic literature on the provings of drugs made up!

[This proving of drugs on the *healthy*, is one of the strongest points in homœopathy. That this is necessary, and almost the only essential for a pure *Materia Medica*, is admitted and preached now-a-days by most of the leading men in the old school. Sir THOMAS WATSON, some fifteen years ago, first insisted strongly on this, and since his address the same point has been repeatedly taken up by physicians. One of the latest utterances on this topic is the remarkable address by Dr. ANDREW CLARK at the annual meeting of the British Medical Association, at Cork, in 1879. Dr. CLARK not only insists on the necessity of having all medicines proved on the healthy body, but gives the absence of such provings (ignoring those of homœopathy) as one of the chief reasons of the backward state of old-school therapeutics. Dr. BRISTOWE, then, in finding fault with HAHNEMANN, is behind the age, and he has only again to read the directions in the *Organon* for the carrying out of the provings, to see that HAHNEMANN took infinite care to exclude all possibility of imaginative or dubious symptoms. In spite of all care, dubious symptoms may creep in, but these are corrected and discovered by clinical observations. Dr. BRISTOWE is wrong in saying that HAHNEMANN, while insisting on the necessity of provings on the healthy, ignores symptoms which may be obtained from the sick-bed, and he will find the most careful directions, in the *Organon*, for the observation and noting of such pathogenetic symptoms as may crop up in a case of disease; but these require much more careful observation and discrimination than those obtained on the healthy body. We must draw special attention, however, to a very important sentence in this passage of Dr. BRISTOWE's address. He

says "But we must admit the truth of the homœopathic view of the relations between medicines and diseases, before we can admit the special value of investigations conducted only on the healthy body." Precisely so. Unless we do so, of what use is it to know that *arsenic* will produce conjunctivitis, nasal catarrh, sickness and vomiting, inflammation of the stomach, enteritis, and diarrhoea, shortness of breath, weak action of the heart, and general debility? or that *bichloride of mercury* will produce dysentery, or *cantharis* inflammation of the kidneys and bladder, or *belladonna* conjunctivitis, sore throat and an erythematous eruption, and so on of a host of medicines? None at all, unless we admit the homœopathic relation of drugs to disease. Hence it is that in the old school while the cry is for proving of drugs on the healthy body as absolutely necessary, we find that such investigations are gone about with so little zeal and come to so little. And so it will be till the law of similars is recognised, and *then* all those otherwise useless symptoms are found to be of the utmost therapeutical importance. This point has always seemed to us to be one of the strongest arguments in favour of homœopathy *versus* allopathy.]

"The recording of cases, according to Hahnemann's directions, is of a piece with the proving of medicines. He tells you to listen carefully to the account the patient gives of himself, to hear all that the friends and others about the patient say concerning him, and to note down everything accurately, and in tabular form. You are not to interrupt. And then, when the recitals have been completed, you are permitted to ask certain questions, the character of which he carefully specifies. But you are never to suggest anything to the patient; and you are never, so far as I can make out, to cross-examine him. Imagine the picture of her condition that a Mrs. Nickleby would give under such conditions. Imagine the innumerable histories of diseases you would get, in which everything accessory and unimportant would be recorded, and everything really distinctive and important for diagnosis and treatment, as we understand them, omitted. I am not prepared to say the method is a wrong one from the homœopathic point of view, in which diseases as objects of medical treatment are regarded only as an assemblage of symptoms, and in which the interconnection of symptoms is comparatively unimportant. But what a caricature of scientific case-taking it reveals to us! What an unpractical condition of mind it manifests in him who elaborated it! What light it throws on his curious incapacity for exact scientific observation!

How like his method is to that of an industrious newly appointed clinical clerk! How utterly opposed to the procedure of the experienced scientific physician!"

[This is too much. Certainly, listen to all the patient says, for by so doing we often get valuable subjective symptoms, which the allopath in his rough-and-ready routine would pass over as useless. Certainly, also, never suggest anything to the patient, for we all know how certain patients will answer yes or no, according to leading questions. But cross-examine as much as you want, in order to elicit what is really meant or felt by the patient. This, with the objective symptoms noticed by the physician, including the physical signs, give him the totality of the symptoms, or, in other words, the picture of the case as, in Dr. BRISTOWE'S words, an object of medical treatment. We maintain that such case-taking is the most scientific form of it, and as far removed from caricature as light from darkness.]

"Perhaps the most astonishing feature of homœopathy, as Hahnemann bequeathed it to us, is his hypothesis of infinitesimal doses. He discovered, from the results of his experiments and practice, that when once the true homœopathic remedy for any disease, or rather collection of symptoms, had been ascertained, it was needful, in order at the same time to secure the full effect of the drug, and to obviate any ill effects it might have of its own, to reduce the dose of it to an inconceivable minuteness. The millionth, the billionth, the trillionth of a grain were gigantic quantities compared with some of those which finally he found it best to administer. It has been calculated that a drop from the lake of Geneva, through the waters of which a single grain of medicine had been diffused, would contain one of his ordinary doses; and that a drop from a mass of water similarly treated large enough to float the whole solar system, would contain as large a dose as is furnished by some of his extreme attenuations! When we laugh at these infinitesimal doses, the retort is often made that we ourselves use small doses; and calculations are flung at us, showing how excessively minute must be the amount of any potent drug administered by the stomach which reaches the organ wherein it induces specific effects, and how absolutely inappreciable must be the bulk of odorous particles, which not affect the sense of smell, but even provoke coryza, sickness and faintness. Wherein, then, is the absurdity of the Hahnemannian dosage? But this is not a retort that Hahnemann would have made; and, indeed, it is one that could only rise to the lips of a degenerate follower of his. It is not the amount of any drug which reaches any one part of the organism which is in question,

but the amount of it which has to be administered for a dose. And it cannot be denied that the smallest doses employed by us, even such as Dr. Ringer recommends, are gross indeed compared with those of Hahnemann. Where we give a drop or the hundredth part of a grain, he would have given the millionth or the billionth part of that quantity at the very most, and probably millions of billions less than that. Moreover, the principles underlying the two cases are wholly dissimilar.

The belief in the efficacy of infinitesimal doses involved no violation of his theory. It was, indeed, I think, the natural outcome of it. The mystical powers, which for him resided in drugs, bore no quantitative relation to the ponderable elements with which they were associated. They were contained in them much as the genie in the fisherman's story in the *Arabian Nights* was contained in the copper pot, which was fished up from the bottom of the sea. It was easy then, if not inevitable, for him to imagine that the power of drugs became more and more developed, in proportion as the grosser matters which environed them were removed. It is easy too, from another point of view, for a vaguely mathematical mind like his (which had already dealt with diseases as if they were algebraical equations) to conceive that just as mathematics becomes a more and more potent instrument, according as the encumbrances of arithmetical and ordinary algebraical processes are thrown aside, and one comes to deal, as in the differential calculus, with the mere ratios which survive in quantities which have been reduced to zero, so medicine would become a more and more potent art, according as the coarser factors of drugs and of diseases are eliminated from consideration, and we have only to do with the relations or ratios (if I may so express it) between drugs attenuated to nothing, and diseases reduced to mere groups of intangible subjective phenomena! One may, I think, follow Hahnemann's lines of thought; one may trace, I think, without much difficulty, the steps by which his system acquired its full development, and culminated at length in the doctrine of infinitesimal doses. The author of homœopathy himself carried homœopathy to its logical consequences: and was there ever a more amazing *reductio ad absurdum*?"

[The infinitesimal dose is, no doubt, "the most astonishing feature of homœopathy." It is, however, well for Dr. BRISTOWE to know that HAHNEMANN himself began with fairly material doses, and only diminished them till they became infinitesimal because, from experience, he found that such small quantities would cure better than larger ones, and ran no risk of aggravating the symptoms. In his later years he advocated a much

higher dilution as the best than he did when in the zenith of his career, and in this extremely infinitesimal dosage, as a uniform dose, the majority of his followers do not tread in his footsteps. He thus stated that the 30th dilution was always the best to give. Now, while a certain number of homœopaths do use this dose, and even higher ones, uniformly, the majority, as we have said, adhere more to his medium doses. Thus we find that the millionth of a grain (the 3rd centesimal dilution) is constantly prescribed; so, also, is the billionth (the 6th), or the trillionth. But while Dr. RINGER's doses (as published at least in his book) are gross compared with these others, Dr. BRISTOWE is quite wrong in saying that the "principles underlying the two cases are wholly dissimilar." The majority of homœopaths make use of the whole scale of dilutions, from the pure tincture up to the 30th dilution. The principle of the *small* dose, be it a drop of the tincture or a hundredth part of a grain, or the 30th dilution, is simply a corollary from the principle of the selection of the drug. If a drug is chosen at all, which can produce in a certain dose an exact *simile* of a case of disease, the dose of the medicine must be smaller than will produce pathogenetic symptoms, or in other words, aggravate the complaint intended to be cured. How small the dose should be is purely a matter of individual experience; hence we find some homœopaths habitually using tangible doses, as RINGER does; others habitually using the highest dilutions, while the majority make use of the whole scale of dilutions, from the lowest to the highest. The principle is thus precisely the same, the same drug being selected by all parties. And Dr. BRISTOWE will please observe that Dr. RINGER never recommends a drop or a hundredth part of a grain of any drug which has not a homœopathic relation to the disease. The Lake of Geneva calculation is absurd. The 30th dilution can be made in any laboratory with thirty half-ounce phials and fifteen ounces of liquid. The efficacy of the infinitesimal dose can never be argued, but can only be tested in disease, each one for himself, and it only requires to be properly tested to produce conviction in its efficacy. The infinitesimal dose can never be given up; the whole range of dosage may be employed, but we have no hesitation in saying that numbers of cases which are untouched by crude doses are cured in a marvellous manner by infinitesimals.]

Dr. BRISTOWE next makes some very fair remarks on the right of modern homœopaths to think for themselves, to develop homœopathy, and not to be bound slavishly by the *ipse dixit* of the master, and in this we see Dr. BRISTOWE's fairness and common sense, so different from many of our opponents who would try to put us in a corner, by saying that anyone who ventured to deviate from HAHNEMANN's direct words, was not a homœopath at all. If HAHNEMANN was inspired, then this latter view would be correct, but as he was not so, it remains for everyone to develop the great principle as fully as he can, and to think for himself. It would indeed be a marvel if one man should so perfect a new system of medicine as to admit of no subsequent development, but it is equally a marvel to consider to what an astonishing degree of perfection HAHNEMANN brought his system, and how little subsequent development or dissension from his very words has been found possible. Such a wonderful fact is seldom met with in uninspired writings. Dr. BRISTOWE shortly notices the recent correspondence in the *Lancet*, in which the anti-pathic action of homœopathic medicines is advocated. In concluding this part of his address, Dr. BRISTOWE conceives that homœopaths deceive themselves as to their good results. Such an assertion is easy to make, but is of no value from the lips of one who has not practically tested homœopathic treatment. It is conceivable that one man or a dozen might so deceive themselves, but when thousands testify to the same facts, the same results, and use the same medicines for the same indications, all over the world, the theory of self-deception falls to the ground.

Dr. BRISTOWE devotes the conclusion of his address to the question of "homœopathists as men, and as members of our common profession." This passage is so interesting that we quote it entire, as it is seldom we find ourselves spoken of so fairly and courteously as members of one common profession with the old school. All the more important are these remarks, as coming from an address delivered at the opening of the section of medicine at the annual meeting of the British Medical Association, an association which has done more than any trades-union could have done to snub and "Boycott" homœopathic practitioners.

"That a very strong feeling of hostility should have arisen early between orthodox practitioners and homœopathists, is not to be wondered at, when we consider, on the one hand, the

arrogance and intolerance which Hahnemann displayed, at any rate in his writings, and on the other hand the contempt which experienced physicians felt and freely expressed for him and his whimsical doctrines. Nor is it to be wondered at, that this variance should still be maintained; for homœopathy is still a protest against the best traditions of orthodox clinical medicine; and there is a natural tendency among us still to look upon homœopathic practitioners as knaves or fools. But surely this view is a wholly untenable one.

That all homœopaths are honest, is more than I would venture to assert; but that in large proportion they are honest, is entirely beyond dispute. It is quite impossible that a large sect should have arisen, homœopathic schools and hospitals have been established, periodicals devoted to homœopathic medicine be maintained, and a whole literature in relation to it have been created, if it were all merely to support a conscious imposture. No, gentlemen; the whole history of the movement and its present position are amply sufficient to prove that those, at any rate, who take the intellectual lead in it are men who believe in the doctrines they profess, and in their mission; and who practise their profession with as much honesty of purpose, and with as much confidence in their power to benefit their patients, as we do. That all homœopathic practitioners are men of ability and education, it would be absurd to maintain; but it is absolutely certain that many men of ability and learning are contained within their ranks. If you care to dive into homœopathic literature, you will find in it (however much you may differ from the views therein inculcated) plenty of literary ability; and I have perused many papers by homœopaths on philosophical and other subjects unconnected with homœopathy, which prove their authors to be men of thought and culture, and from which I have derived pleasure and profit. Again, I will not pretend that even a considerable proportion of homœopaths are deeply versed in the medical sciences; yet they have all been educated in orthodox schools of medicine, and have passed the examinations of recognised licensing boards; so that it must be allowed that they have acquired sufficient knowledge to qualify themselves for practice. And some among them possess high medical attainments.

But it may be replied, if these men are honest and educated, and at the same time duly qualified practitioners in medicine, how can they believe, and how can they practise such a palpable imposture as homœopathy? Well, gentlemen, it is very difficult to account for the beliefs and vagaries of the human intellect. It is only occasionally that our convictions are the result of conscious reasoning. For the most part they arise in the mind, and take possession of it, we know not how or why; and our

reasonings with regard to them (if we reason at all) are merely special pleadings prompted by the very convictions they seem to us to determine—in other words, they are not the foundations of our beliefs at all, but exhalations from them. It is not surprising, therefore, that, even on matters of supreme importance, irreconcilable differences of opinion prevail, aye, amongst men of high integrity and cultivated intellect. And if we desire to live broad and unselfish lives, we must be slow to condemn all those who entertain convictions which to us seem foolish or mischievous and logically untenable, or to refuse to co-operate with them.

There are few, even of the best among us, who have not weak points in intellect or character. And it would be deplorable, indeed, if, for example, those of us who look on spiritualism as one of the grossest follies of the times in which we live, were to scout the distinguished chemists and great writers who devoutly believe in it, or were to refuse to do homage to the conspicuous abilities and high character of a great judge, because, throwing off the judicial impartiality which befits a judge, and acting under the influence of prejudice, emotion, and ignorance, he has made himself the leader of all the hysterical sentimentalism of the day in a crusade against experimental physiology in this land of Harvey and of Hunter! The remarks just made apply especially to beliefs in relation to those matters which are incapable of exact scientific proof, and in which the feelings are largely involved—pre-eminently, therefore, to religion, to politics, and to medicine.

I ask you, gentlemen, to forbear with me, if I push my arguments to their logical conclusion, and venture now to express an opinion which is opposed to the opinion which many, perhaps most, of you entertain. I do not ask you to agree with it; still less do I ask you to adopt it. But I ask you to consider it; and I am content to believe that, if it be just, it will ultimately prevail. It is that, where homœopaths are honest, and well-informed, and legally qualified practitioners of medicine, they should be dealt with as if they were honest and well-informed and qualified. I shall not discuss the question whether we can, with propriety or with benefit to our patients, meet homœopaths in consultation. I could, however, I think, adduce strong reasons in favour of the morality of acting thus, and for the belief that good to the patient would generally ensue under such circumstances. I shall not consider at length whether the dignity of the profession would be compromised by habitual dealing with homœopaths. But I may observe that it is more conducive to the maintenance of true dignity to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours, than to make broad our phylacteries and enlarge the

borders of our garments, and wrap ourselves up, in regard to them, in Pharisaic pride. I appeal, gentlemen, in support of my contention to other considerations. It has been held, that to break down the barriers that at present separate us from homœopathists would be to allow the poison of quackery to leaven the mass of orthodox medicine. But who that has any trust in his profession, any scientific instinct, any faith in the ultimate triumph of truth, can entertain any such fear? All the best physicians of old times, all the greatest names in medicine of the present day, are with us, all science is on our side; and we know that as a body we are honest seekers after truth. What have we to fear from homœopathy? Bigots are made martyrs by persecution; false sects acquire form and momentum and importance mainly through the opposition they provoke. When persecution ceases, would-be martyrs sink into insignificance; in the absence of the stimulus of active opposition, sects tend to undergo disintegration and to disappear. The rise and spread of homœopathy have been largely due to the strong antagonism it has evoked from the schools of orthodox medicine, and to the isolation which has thus been imposed on its disciples. If false, as we believe it to be, its doom will be sealed, when active antagonism and enforced isolation no longer raise it into fictitious importance. At any rate, breadth of view, and liberality of conduct, are the fitting characteristics of men of science."

[Dr. BRISTOWE's answer to the question—"If these men are honest, and educated, and at the same time duly qualified practitioners in medicine, how can they believe and how can they practise such a palpable imposture as homœopathy?"—is the only one which can be given by a physician who differs from us theoretically and has never tried the system practically, and we can pardon him freely. His remarks require no comment.

To one of the concluding sentences—"If false, as we believe it (homœopathy) to be, its doom is sealed"—we venture to add, "and if true, it will ultimately triumph and become the dominant practice." This latter we as fully believe as that we are in existence, and the happy time will be vastly hastened by the delivery of such addresses as Dr. BRISTOWE's, and such editorial articles as that of the *Lancet* of May 21st.

The length of this article will, we hope, be pardoned, on account of the desire we felt to do full justice to Dr. BRISTOWE by quoting largely *verbatim* from his address, and by meeting his objections in such a calm and

friendly way as one foeman should do to another "worthy of his steel," and who shows that he has honestly endeavoured to make himself master of the subject he undertakes to discuss. The sudden change from a serious discussion to a joke may perhaps be not amiss, and so we quote the speech of Dr. Long Fox of Clifton, who seconded the usual formal vote of thanks to Dr. BRISTOWE for his address. We quote from the report in the *British Medical Journal* for August 13th.

"Dr. LONG FOX (Clifton), in seconding the motion, said he thought Dr. Bristowe had proved that homœopathy was not a system of medicine in the sense in which educated men understood the term. With regard to the question of infinitesimal doses, many of them might remember the calculation attributed to the late Sir James Simpson, that the most powerful homœopathic remedy was the solution of a grain of medicine in an ocean of fluid that would extend from the earth to the nearest fixed star. (Laughter.) If homœopathy was not a system of medicine, he thought the course with regard to it was extremely clear. (Hear, hear.) If a homœopathic practitioner, alleging that the same remedies were used, the difference being only in name, asked an honourable member of a most honourable profession to associate with him in the treatment of a case, it appeared to him to be like asking the Archbishop of Canterbury to associate with the high priest of the lowest fetish in Central Africa. (Laughter.) Why were the adherents—he would not say the victims—of homœopathy, to be found among men eminent in piety, sanctity, and benevolence? He believed it was really because they thought that God acted habitually miraculously. But as a reverend profession (as Bishop McDougal had called them), they ought to refuse to countenance so unphilosophical a view of the great First Cause. (Hear, hear.) It was surely a much grander view of the Almighty to believe that he always acted by the grand laws that He had Himself laid down. He hoped that Dr. Bristowe would not suppose that he had disagreed with anything he had said. He ventured only to differ in regard to the remarks in the latter portion of the Address."

These observations of Dr. LONG FOX remind us of the dry reply of an American colleague to a question from us, how Dr. So-and-So could have made such and such extraordinary remarks. "The trouble is, Sir," said he, "there is no law in the United States which prevents a man making an ass of himself."—And we must presume that the powers of the British Medical Association are equally defective.

## THOUGHTS ON THE SCIENTIFIC APPLICATION OF THE PRINCIPLES OF HOMŒOPATHY IN PRACTICE.\*

By THOMAS HAYLE, M.D. Edin.

THE science of any branch of knowledge is the ascertainment and definition of its facts and of their relations both in synchronous and successive order, and in all their mutual interdependencies. The steps to be taken in the attainment of this knowledge are the exact appreciation of the facts, then their classification, induction, ratiocination, deduction and verification. Every step in the order of succession being known, results can be predicted, and their accomplishment appealed to as a verification of the accuracy of the process.

These remarks commence my paper as a chart for my guidance and as a bright contrast to my own performance and the glorious uncertainties of medicine. High as the heavens above our heads is the "*lucidus ordo*" of science, as compared with the mass of assumptions and speculations through which it will be my perplexing task to clear my way. The nature of the case must be my apology for failure, though I do not pretend to more than an attempt to indicate what must be done in order to succeed. The study of facts should be a worship, and reverence for them is a reverence for their author; for they are his words, that is, the expression of his mind. The history of medicine does not present us with such a reverence for facts as the occasion demanded, especially as on their proper application the well-being of humanity, often the very existence of individuals, depended. Instead of the "*lucidus ordo*" of science, rash speculations and reckless experiments almost decimated society. Medicine, instead of being the friend of man, might well be deemed his worst foe. *Secundum artem* became as nearly synonymous in meaning with "*secundum Martem*," as it is symphonous with it in sound, quite as much so as the fiercest worshipper of Bellona could have wished. There is little doubt that the persistent and reckless employment of noxious agents in the treatment of disease caused, in the long run, more deaths than the most protracted and bloody wars. A constantly acting influence is more effective than a cataclysm. Good and thoughtful

\* Reprinted from the Transactions of the International Homœopathic Convention, July, 1881.

men shrank from the responsibility of such a calling, and in sorrow, sometimes in indignation, stood by and looked on at this abomination of desolation. Hahnemann describes his mood as follows: "After I had discovered the weakness and errors of my teachers and books I sank into a state of sorrowful indignation, which had nearly altogether disgusted me with the study of medicine. I was on the point of concluding that the whole art was vain and incapable of improvement. I gave myself up to solitary reflection, and resolved not to terminate my train of thought until I had arrived at a definite conclusion on the subject.\* This is the frame of mind of which it may be asserted as an everlasting truth that those who seek shall find, and that unto those who knock it shall be opened.

The first event or coincidence that sets the mind on the right track may appear to be an accident, but it is an accident which is available only to him whose mind is on the watch and whose whole soul is devoted to the consideration of the subject. The fall of the apple came within the observation of a man whose whole soul was devoted to the study of the laws of nature; it was something to him, it was nothing to all men beside. That it was a uniformity was enough for them; why it was a uniformity they did not care to inquire.

When Hahnemann found that the *cinchona* bark produced a kind of intermittent fever, which kind it also cured, he found a fact connected with another fact, and he was in search for such connections. To most men this would have been a coincidence; but a coincidence that always recurs under the same circumstances is a law; and Hahnemann at once perceived this. What was the extent of this law? Was it confined to this single instance, or did it run through all the instances of remedial agency? Or, as Newton might have thought, is this law confined to the fall of bodies to the earth, or does it pervade every instance of motion, controlling it or keeping it up? Hahnemann's great learning enabled him to go through the record of cures with one medicine, and to compare these with what was ascertainable of their action on the healthy body. He found in his researches numerous instances in which the disease-producing and curative action of medicines corres-

\* *Æsculapius in the Balance*, Leipsic, 1805. *Lesser Writings of Hahnemann*, p. 470, translated by Dudgeon.

pond remarkably; the one set of observations being recorded by one set of observers, the other by another set, each being ignorant, or, at least, not necessarily cognizant, of each other's observations, thus being undesigned coincidences. In one instance, however, De Haen observed both, and put them together, with great surprise, having unwittingly stumbled on a law of nature without knowing it. Hahnemann quotes from his *Ratio medendi*, tom. iv., s. 228, the following passage: "Dulcamaræ stipites majori dosi convulsiones et deliria excitant, moderatâ vero spasmos convulsionesque solvunt." Hahnemann observes, "Wie nahe war De Haen an Erkennung des *naturgemâssesten Heilgesetzes!*" Very near indeed! So near that he had observed the difference between the action of the larger and the smaller dose.

The number of medicines cited is about fifty; the number of coincidences, perhaps, two hundred. Some of these coincidences are of the rough and ready class, and do not correspond with the requirements of science. For instance, the cure of the sweating sickness by sudorifics, and of inflammatory fever by small doses of a strong wine, and also of inflammation of the brain by the same agent, present no data for the scientific homœopath to act on. There is a very striking similarity between the majority of the cases cited, but exact knowledge was not attainable in the days of our ancestors, and, in fact, was not sought for. It is well for humanity that the after-researches of Hahnemann and his disciples have immensely multiplied and precisionised the data, or the homœopathic law would have stood upon a very insecure foundation. As it is, however, these researches, and those which have subsequently been carried on by experiments on the healthy body, observations in cases of poisoning, and cures wrought in conformity with the homœopathic law, the last almost countless, have established Hahnemann's discovery beyond question. Eighty-four years have passed, and each successive year has but added to the extent of the evidence and the number of converts. The benefits conferred on suffering humanity have been incalculable. Diseases previously considered incurable have been rendered amenable to treatment; the percentage of fatal cases has been reduced, so much so as to render it safe, and even remunerative, to reduce the rate of premium on policies for persons treated homœopathically; a venture which has been proved remunerative

in New York [under State inspection] by an experience of more than a decade of years. This does not constitute more than a small portion of the benefits which have been realised by the system of Hahnemann, applied, as it was, in all sorts of ways, none of them scientific. They had the form of science, but not the power of it.

Thinking that it was impossible to get at the nature of disease, Hahnemann was driven to adhere to the symptoms. He was in the position of the savage, of Dugald Stewart, I think, who, harassed by a burning fever and raging thirst, comes to a spring of cold water to quench his thirst, and finding that the cold draught not only removed that, but with it all the other symptoms, carefully noted all the circumstances of time and place and whatever other conditions might apply to the case; the time of day; whether the sun was shining or not; his relation to it; whether it was shining on his back or his side; whether it was cloudy, calm, or windy; the direction of the wind if there was one; the position of his body, on his hands and knees or otherwise; the taste of the spring, saline, acid, or effervescent. All this and much more his careful mind would note, not knowing what was essential or unimportant, so ignorant was he of the world in which fate had placed him. And so for some time his servile imitators blindly followed him. At length it was discovered that the sun might shine or not, the body be in any position, the wind blow as it listed, without affecting the results. It was the spring that did it all. But the human mind was not so easily satisfied. What part of the spring was efficient? There were ten or twelve ingredients. Was it the potass, the soda, or the lime? At last by investigation, chemical or otherwise, the active ingredient was discovered, and all superfluous was eliminated. This is the course of science; a very slow but a very sure one. Hahnemann had found that *similia similibus curantur*, but what was the *similia*? Pathological science was not far enough advanced in his time to be confided in, and he was too sagacious a man to trust in hypotheses he could not verify. He therefore determined to take the totality of the symptoms as his guide. He was in the position of the savage, and he acted as sagaciously, proceeding on the facts of the case. There was, however, a difference in the proceeding. The savage did not know that there was no connection between all the parts. He proceeded as if there was. Hahnemann knew that there

was, and perhaps he was justified in thinking so, but he was not in a position to trace it. In the one case the fortuitous had to be discovered and eliminated; in the other the great majority of symptoms had to be retained in order to be investigated and explained.

Hahnemann was misled in his view of the case and by his distrust of speculation. He treated the affair as one of natural history, whereas it was one of ratiocination and deduction. He thought that a medicine which produced a symptom in any one case might produce it in every other, unmindful of the various and altogether different kinds of disturbance that one and the same medicine might set up in the body and the variety of interdependence which might prevail among the symptoms, that the symptom which was set up in one kind of disturbance might be out of place in another. Thus, he arranged all the symptoms belonging to every kind of disturbance together, and confounding things different, made a scheme of them, putting all the symptoms which belonged to one region together, and thus a puzzle-box of dissimilars out of which to construct a whole with no chart to guide.

It really makes me ashamed to criticise one to whom we owe so much, and we should consider the difficulties under which he laboured, and put down his errors to an attempt to steer clear of the hypotheses and rubbish of his time. His divine discovery came on the human mind as a thunder-bolt, and its reception corresponded to the medium on which it fell. It fell on a world, the recklessness and folly of which was well expressed in the waggish distich—

“ I bleeds them, I purges them, I sweats 'em,  
And if they dies—I. Lettsom.”

A description this of profound stupidity and of the recklessness for human life by which it was accompanied, couched in appropriate terms. No wonder that the Sangrados of their day rejected the light they could not comprehend with scorn and ridicule. This was unavoidable. The large doses of drugs which it was the fashion to give, and in which alone they were considered efficient, were inconsistent with the practice of homœopathy. The infinitesimal doses or exhibitions of nothing were considered inventions of Hahnemann to conceal the failure of his laws,—at least, to render that failure less conspicuous, which the doses in common use would no doubt have done in a remarkable way; and thus the action of the small doses, a discovery as

brilliant as any in the annals of medicine, and which the law was a step to, was made use of by the profession, not only to throw ridicule on the whole thing, but even to cast suspicion on the good faith of the great man whose faith in the immutability of nature had guided him to his discovery. The reception of homœopathy among its adherents was various. The great majority materialised its teachings. They could not reject the assertion of Hahnemann that his doses acted, but their habits and instincts led them to compromise. They preferred the lower attenuations, and often gave the crude material. They came as near as they could to the absurdities of polypharmacy by giving alternations of two or more drugs, and I have even heard of two or three drugs being mixed and given at the same time, in direct contradiction to the precepts of Hahnemann and of common sense, until at last a homœopathic and allopathic prescription could not be distinguished, given, as they were, in the same dose.

There is nothing new in all this. Men have always materialised truth. When a new spiritual religion came into the world men christened the statues of the heathen gods and gave them the names of saints. They substituted the Christian festivals for the Pagan, retaining even the time. The great festival of the year when the days began to lengthen was honoured by being converted into the commemoration of the nativity of its founder, all whose precepts they took pride in disregarding. His priests prayed to the god of battles for success to the armies of their nation. No priests were appointed by him. His God was not the god of battles, but the Universal Father and God of Love. Oaths bristled up on every side though he had expressly forbidden them. Riches denounced by Him in the strongest terms became the special objects of their worship. Thus, Paganism was retained under the name of Christianity, and man's lusts gratified under the name which renounced them. Thus, too, was the semblance of homœopathy retained, though the substance was allopathy. In both cases, however, was there some truth received, and that little leavened the whole lump, and the world was the better for it. Another branch of homœopaths, however, out-Hahnemanned Hahnemann himself. If he gave thirtieths they gave millionths. If, like the savage at the spring, he observed positions, aspects, and the weather, they attended to the most minute particulars

and circumstances ; in fact, they were and are the Romanticists of homœopathy, and have outlived their time. That which Hahnemann did from necessity they do from choice. The resources of pathology were not open to him, and he was therefore compelled to find his similar in a very round-about way. Symptom-covering was his only resource. Every symptom which the disease produced must be found in the medicine. Unimportant symptoms were confounded with essential, subjective symptoms, in which hardly two people would be found to agree, took their place with objective, which spoke for themselves. In this search after nonentities the weary and perplexed searcher after truth might well exclaim, as in the *Aminto di Tasso*—

“ Quante vedove notte,  
Quanti di solitari,  
Ho consumato indarno,”

did he not every now and then chance upon some similar which led him to a startling cure. Yes, in spite of the absurdities of the letter, homœopathy has achieved its splendid triumphs. Six thousand physicians in America, with a *clientèle* that makes its influence felt on the legislature, and insurances effected at a considerable reduction of premium to the profit of the office. It has been demonstrated that homœopathy saves one out of every two lives that allopathy loses.\* If such be its achievements, encumbered as it is with so much rubbish, what may we not expect when science has cleared away the impediments and has revealed the essentials in their unadulterated beauty ! when we shall have ascertained the nature, extent, and limits of the law, and the essence and relative importance of the symptoms. The recent discovery of the telephone has rendered it highly probable that “nervous communication is effected by means of nervous cords which conduct what may be called a carrier fluid endued with a quality of so plastic a nature as that every mode of motion by which one of the extremities may be affected is faithfully repre-

\* In fact, the *Report of the Homœopathic Mutual Life Insurance Company, New York*, makes the following statement :—

	Total number of Policies issued.	Terminated by death.
Homœopathic .....	8827 (or 1 in 71)	124
Non-Homœopathic ....	2466 (or 1 in 27)	89
		(or nearly 1 to 3).

sented at the other extremity in an absolutely perfect way for the information of the brain.”\*

The peripheral extremities are always furnished with a mechanism adapted to the peculiar mode of vibration they are meant to transmit. Heat being a mode of molecular motion requires no peculiar apparatus and has none. Touch requires an apparatus of a simple kind. As we ascend through the various senses, through the sense of taste, of smell, of hearing, and of sight, the apparatus of reception becomes more complex. Thus, in the present state of our knowledge I think it is probable that the apparatus for sensation is constituted somewhat after this fashion. First, there is the nerve cord, a sort of telegraphic wire; then there is the carrier fluid, the *vis nervosa* of Dr. Drysdale, analogous to the electricity which travels along the wire; then there is the special fluid, the vibrations of which cause our various sensations—dare I say our thoughts, feelings, and emotions? Thus, the sense of heat, the impressions of touch, the sense of taste, that of smell, of hearing, and of sight are caused, the last bringing us into communication with the realms of space, and with their phenomena.

But there are other sensations not perceptible in health, but which come out in disease or when the body is affected by certain noxious agents, mechanical or otherwise. Thus, for instance, in a strong, cold, north-east wind a delicate individual feels a strong sensation of cold which, through the sensory nerves, is conveyed to the brain, from which, through the vaso-motor nerves, the vessels at the surface are contracted, the skin becomes pale and almost bloodless, or blue and livid. This may also be the direct effect of cold. If this ends here, a little warmth sets it right again. But it may not end here. Then another set of reflex actions are set up, terminating in one or more of the internal organs—generally one or more of the serous membranes—the pleuræ or synovial membranes. These vessels are not calculated to withstand the shock, and after a few alternations of diameter some weaker portion subsides into a paralytic state. It becomes dilated, and stagnation of the circulation takes place, and what is called inflammation is set up. Stabbing pains on every inspiration impede the breathing, and the phenomena of pleurisy are developed. I once met with a case of this kind, and as its phenomena are

\* “Some Sensations and Pains discussed, with an attempt to determine their mode of origin and production.” Published in *Monthly Hom. Review*.

characteristic, and its mode of cessation illustrates the action of a homœopathic medicine, I transcribe it.

“A young lady, a teacher at a school, when walking out with the scholars on a cold frosty day, a sharp north-east wind blowing, was seized with violent pleuritic stitches. I found her in bed; a hard pulse of 120; great agony; every breath caused acute stabs; every movement was acutely painful. Yet she was so restless she could not keep quiet. One dose of *aconite* 30 was the only medicine I gave her. In a short time after taking it, five minutes she said, a most violent perspiration broke out—a vapour bath was the term she used—and all her pains left her. The next day I found her free from pain and fever but weak.”

The *rationale* of the process by which the disease was set up I have given above, at least, what I suppose was the *rationale*—What explanation is to be given of the cure? The answer to this lies in an explanation of the mode of action of medicines, and especially of the higher attenuations. Medicinal action consists in a particular mode of motion controlling and altering the mode of motion which is constantly going on in the different nerves. Each medicine has its own sphere of action, and controls and alters the mode of motion in its own sphere of nerves. It does not alter the mode of motion that is going on, if healthy,\* that is, synchronous with its own mode of motion; but whatever is amiss, out of gear, it restores to its normal action, and, in fact, sets right all that is wrong. I am speaking of a proper dose, that is of a dilution. When given in a large dose it not only acts on the diseased parts, but sets up morbid movements of its own, deranging the whole nervous tract.

Thus, in the case before us the *aconite* descended the vasomotor nerves of the pleuræ, and finding some of them weakened in their movements and out of gear, and the vessels under their control dilated, strengthened their action, restored the dilated vessels to their normal calibre,

\* I am speaking of the small doses. In a large material dose its action pervades the whole sphere of the nervous system under its control, and, instead of merely setting right what is amiss, we have to do with a deranging influence. In one case, the smallness of the dose renders it too weak to alter the healthy vibrations, but only the abnormal. The largeness of the dose seems to derange the harmony, and even though its vibrations are synchronous, they beat down the normal vibrations and supersede them, thus producing disease or an extension of it. The smallness of the dose limits and softens the action.

consequently caused the pains produced by their pressure to subside, and set up a series of actions, ending in the relaxation of the cutaneous vessels and profuse perspiration. Thus, the process is reversed; the dilated vessels of the pleuræ are contracted, and the contracted vessels of the skin are dilated, and relieve themselves by transpiration. The blood previously thrown upon the vessels of the interior, which were unable to bear it, is thrown outwards on the cutaneous vessels, which relieve themselves by perspiration. This is a common mode of relief. But the other day rheumatism of the knee-joint gave way to the action of *mercury*, which set up a profuse perspiration with complete relief. This is a very common mode of relief if the vessels of the interior are strong enough to throw back the blood-current to the surface. In intermittent fever relief is accompanied by a profuse perspiration, by a natural or medicinal reaction. Here is a quotation from Stanley. "Early in the morning I commenced on my *quinine* doses; at 6 a.m. I took a second dose; before noon I had taken four more, altogether fifty measured grains, the effect of which was manifest in the perspiration, which drenched flannels, linen, and blankets. After noon I rose, devoutly thankful that the disease which had clung to me for the last fourteen days had at last succumbed to *quinine*." \*

On the other hand, we have numerous cases treated by small doses. In Ruckert's *Klinische Erfahrungen* we have twenty-seven cases so treated, and all successfully, with *china*, and eleven cases treated likewise successfully with *chinin. sulph.*, first attenuation. How is it, then, such different doses alike prove curative? One dose produces intermittent fever, the other cures it, but is unable to produce it. One would have thought that the large dose, capable as it is of producing the disease, would aggravate it. Is it possible that it sets up such a turmoil in the system that in its sphere a crisis is produced by which the disease is expelled when it is already produced? This would be one devil driving out another. An examination of cures by large doses, of which there should be many in our ranks, would throw light on this subject. I believe

\* Stanley's *How I Found Livingstone*, p. 192. He had several attacks of fever after this. He speaks of the "athumia or despondency in which he was plunged by ever-recurring fevers." He adds, "My enfeebled stomach, harrowed and irritated with medicinal compounds—*ipéc.*, *colocynth*, *tartar em.*, *quinine*—protested against the coarse food." So much for drug treatment!

that the cures so wrought are more violent and less rapid, and more apt to return, than those by smaller doses, which are accompanied with less struggle, as only the diseased parts are touched, while the healthy parts remain unaffected. In the small dose the vibrations are synchronous with those of the healthy parts, and only those which are out of gear are touched. In the other case the whole sphere of the medicine, that is the sphere on which it acts, is abnormally and violently acted on. The vibrations and oscillations of the vessels are tumultuous and endanger their continuity, and then a crisis takes place, and things are made right as after a storm. This is dangerous work; it is a trial of strength, the vessels may give way, and then all is over. Sweats may set in, but not of the kind that restores. The patient sinks under the action of the medicine. The subject is a very interesting one, and will make an excellent subject for experimentation, and will have the advantage of settling the vexed question of the dose. There are numberless diseases, however, in which there are no crises, in which the vessels of the part, chronically dilated, have lost their elasticity. If they are restored to their normal state by one dose of a homœopathic medicine, they speedily relapse into their usually dilated and diseased state. These are our chronic cases, and this state of things is to be met by a skilful repetition of doses, and if the part is accessible by a typical stimulant or by large doses, we should not give a second dose until the first has exhausted or nearly exhausted its action, and we should persevere with one medicine as long as it seems to do good. The too common plan of alternations is contrary to the dictates of common sense, may impede the action of the right medicine, and prevent the acquisition of experience. I do not mean that alternations are never of use; but the fact should be ascertained by careful experiments, and no alternation should be used in the happy-go-lucky way of modern practice. The charioteer in the car of homœopathy always drives at least a pair of horses, but rarely well matched. There must be magic in number two.

There is another class of cases which do not or rarely do admit of crises. When the vessels in the interior open upon mucous surfaces, these then relieve themselves partially, and set up a series of actions which run a course. First, they contract, and the membranes become dry, then their discharges are poured forth, and lastly, they become

thicker. Ulcerations occur, and in one case fibrinous exudations under the influence of north-east winds, as in croup. We must recollect the disturbing agency is applied in this class of cases to both surfaces. The results of treatment are often gradual, and people rarely take medicine for a cold. Now, a great deal of all this may be mere speculation. It is a working hypothesis which may serve a turn till superseded by a better. The hypothesis that all sensations and pains come under the category of modes of motion, as those of the senses undeniably do, is according to the analogy of nature. That the rectification of abnormal motions by the setting up of normal ones is at least probable, and accounts for the non-production of change, and therefore of sensation, where the vibrations are synchronous. Change, and therefore cure, is only effected where the vibrations are not synchronous, and therefore diseased. The hypothesis is also rendered probable by what we now know of the way in which the electric fluid conveys along the wire sound, light, and heat. The small doses of homœopathy are accounted for and their efficiency explained when medicinal action is referred to vibration, and attention will be directed to points of practical interest, such as alternations of medicines and the doses. In various and unlooked for ways an hypothesis, if it approaches truth, may be useful. It directs investigation and leads to other guesses, which, when they are of an experimental character, may be verified or discarded. The first step, or at any rate a very important step, in the scientific application of homœopathy is the remodelling of our *Materia Medica*. We must reform our medicines. The symptoms must be arranged in the order in which they occur. The doses in which the drugs are given should be stated, and the effect of change of dose upon the nature and order of the symptoms should be ascertained. The symptoms themselves should be analysed, so that their causes, seat, and nature should be ascertained.

In my papers on *Some Sensations and Pains* I have endeavoured to do this in regard to the sensations of heat and burning—very inadequately, I confess. It is a humble attempt; I have done what I could. But there will be some advantages in the method of proving suggested. The rise and progress of the different sensations may be distinctly traced. An important element this in ascertaining the causes, seat, and nature of the symptoms, an advantage

I did not possess. In following out these investigations, the resources which chemistry and the microscope have placed at our disposal should be brought to bear. The excretions, especially the urine, should be thus examined. Disease should also be studied with equal minuteness and accuracy. Every advance in the knowledge of pathology is an advance in that of drug-action. In fact they are one and the same. We may obtain and utilise the labour of our allopathic brethren, at present, from the want of a system of healing, almost purposeless. A branch of the enquiry will be the action of the different remedies on each other, and the modification of symptoms by such action. This looks all very well when we are laying down plans, but the process is slow and tedious when we come to action. It would be well to form an experimental committee to prove the medicines and arrange the symptoms. Another committee might analyse and endeavour to find the cause, nature, and seat of the symptoms. The energies of the homœopathic world should be turned towards these objects. Should it be objected that the members of a hard-worked and ill-paid profession can ill afford to devote time to such objects, money might supply that want by enabling self-denying, conscientious men to devote themselves to these purposes. The world will pay for what it wants. A few hundreds a year for each of the five or six men that would be wanted would be a slight thing to do for the attainment of such a purpose. Hahnemann's law would thus be presented to the world shorn of all its impedimenta, and fit for application to every case. The savage at the spring would be nowhere. All attempts to include truth by including everything, even the unimportant and minute, would be rendered unnecessary by a perfect analysis. Transitional and temporary aberrations would be merged in one uniform and scientific system of practice which might admit of additions, but not of change. The reckless and murderous school of the Lettsom's would be superseded by a tender and reverent approach to the noblest work of God—a process at present going on. *Secundum Martem* would cease to be synonymous with *secundum artem* in medical practice.

In conclusion, what is wanted for the scientific application of the law of similars in practice is, I think, a rational and true theory of medicinal action (the one proposed may not be the true one, but it is proposed merely as a working

hypothesis in fault of a better); a remodelling of our *Materia Medica* in a natural order; a careful analysis of symptoms, so that we may be sure that our similars are not alike merely in appearance, but in reality; last, but not least, embracing all our researches, a humble and reverent spirit as becomes workers in the great temple of God.

Rochdale, July, 1881.

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“CAMP LOU.”

By Dr. A. S. KENNEDY, Blackheath.

“CAMP LOU” is the title of an article in the May number of *Harper's Monthly*, which opens up a subject of great interest to the medical world. It is written by a newspaper reporter after his return, in comparatively robust health, from a district in the Adirondack mountains, to which he had been sent as a *dernier ressort*. As he says himself, he went hunting for health, and he found it.

About two years ago, Dr. A. L. Loomis, of New York City, read, before the State Medical Society, a paper entitled “The Adirondack Region as a Therapeutical Agent in the Treatment of Pulmonary Phthisis” (*Medical Record*, vol. xv.). Dr. Loomis speaks from personal experience of this district, having been himself the victim of phthisis, the only survivor of a family, everyone of whom, save one, died of phthisis. After trying many climates, and having been made worse by a journey south, he went to the Adirondack wilderness, and when, after a residence of some months in the woods, he returned free from cough, with an increase in weight of twenty pounds, he very naturally became an enthusiast. For eleven years he has been sending invalids to that region, at first for the summer only, and latterly for the whole year. He cites twenty cases of persons who tested this experiment, and, after an extended trial, he reports ten as recovered, six as improved, two not benefited, and two dead. The ten absolute cures were in cases of catarrhal phthisis, the form of the disease which seems most benefited by residence in the wilderness. The characteristics of the climate are the extreme purity of its atmosphere and the high percentage of ozone. Balsamic odours abound from pine, balsam, spruce, and hemlock trees. The air is cool and moist, but the soil is so porous as to be always dry. The cold in winter is great and continuous, snow lying thickly until

March, when the thaw is rapid, and the moisture rapidly runs through the soil. He dwells especially upon the dryness of the soil as being of the greatest importance to the patient.

The writer of the article arrived in the Lake St. Regis district in the last stage of the disease—in fact, his friends scarcely expected to get him there. His tent was pitched on the borders of a lovely lake, near the one hotel of the neighbourhood. The great point in the treatment is that the patient lives in a hut or tent, so as to be almost entirely in the open air, breathing always the healing atmosphere, and drawing in new life with each breath. To quote his own words—"To begin with, camp life is to be considered as perhaps the most important feature of the wilderness cure. When the reporter first came into the woods, his ideas with regard to this matter of camping out were vague in the extreme. Having faithfully read all the books on the Adirondacks that he could find, the impression left was a jumble of woollen blankets, rubber coats, hemlock boughs, salt pork, and a frying-pan. To-day he is glad to be able to report that camping out, so far as relates to the St. Regis country, may be absolutely dissociated from pork, frying-pans, and all other abominations. Here, forty miles in the wilderness, one may surround himself with all the comforts and nearly all the luxuries that he can enjoy in his own city home."

And really, if the readers of the *Review* could only see the pictures of the invalid's hut, and read the descriptions of camp life, I think they would be inclined to agree with him. Passing over the graphic descriptions of camp life in this delightful spot, we come to the manner in which the winter is generally spent by the invalid.

The writer stands out stoutly for the necessity of staying in the St. Regis district during the winter. The atmosphere is then like that of Davos-am-Platz, which is regarded with so much favour as an invalid residence. During this time the invalid must live in one of the hotels of the district or in a boarding-house, of which there are several in the small towns of Saranac and Bloomingdale.

"The winter months are generally dry, cold, and almost entirely free from thaws. As a rule also the snow-fall is abundant, and three or four months continuous sleighing may be counted upon with certainty. In winter, as in summer, the first duty of the patient should be to live out

of doors as much of the time as is practicable. If not strong enough to hunt—and winter hunting is rare good sport here—or to tramp over the snow-covered roads, then he may resort to riding, and thus secure the benefits of the bracing air.”

The food is good at the boarding-houses, with the exception of one important item, viz., beef. “Adirondack beef is tougher than anything in this world which it has been the lot of the reporter to grapple with, an assertion not lacking in solemnity when it is remembered that reportorial experience familiarises a fellow with criminals, politicians, and the orthography of the man who writes gratuitous communications (on both sides of the sheet) to the daily press.”

Now, as to the cost. The reporter was not a rich man, and had to carefully count the cost of everything. The conclusion he comes to cannot fail to be comforting. He says: “From his personal experience and the opportunities afforded him of studying the subject, the reporter is convinced that a person can journey to the St. Regis country, spend a year there, give the experiment a fair trial, and all for a smaller sum than the same person must necessarily spend at home. He can pay the cost of the journey from New York, buy a good tent, and fit up a camp so that it shall be in all respects comfortable, spend the winter months in a hospitable farmhouse, live on beef, mutton, venison, partridges, chickens, speckled trout, fresh eggs, pure milk, sweet butter, and a variety of vegetables, recover his health, and his entire outlay for the year need not exceed the £2 8s. a week which he would have spent at home, taking the expenditure in New York at 12 dollars at the lowest.”

The reporter gives a tabular statement of the expenses for two persons for twelve months’ residence.

**CAMP-LIFE PERIOD—FIVE MONTHS:—**

	£	s.	d.
Canvas tent and camp equipments ...	20	0	0
Labour and buildings ... ..	10	0	0
Food and all necessary expenses at 9 dollars per week ... ..	36	0	0
Guide for season ... ..	30	0	0
	<hr/>		
	£96	0	0

HOUSE-LIFE PERIOD—SEVEN MONTHS :—

Board and washing...	...	...	61	12	0
Horse for driving	...	...	16	16	0
Extras for table	...	...	20	0	0
			<hr/>		
			£98	8	0
			<hr/>		
Total	...	£194	8	0	
			<hr/>		

The average weekly expenditure on this scale reaches £3 16s., but this supposes many luxuries which could easily be omitted without in the least endangering the experimenter's chances of recovery.

"In a word, then, the wilderness is poverty's paradise. You can rent a house here, with two or three acres of ground, for 10 shillings a month. You can buy mutton, or venison, or beef for 10 cents a pound, partridges or chickens for 25 cents a-piece, butter for 15 cents, speckled trout for 5 cents. You can get your wood all sawn and split for 1 dollar a cord, and a horse to use all through the winter for his keeping."

Camp Lou has now passed out of the stage of an experiment. Numbers of consumptives have since then gone to this region and regained health and strength. The district is within easy reach of England. Travel now-a-days is sufficiently easy and luxurious to permit of invalids from our own country reaching this new sanatorium in safety. The journey may be comfortably broken at New York and other places of interest *en route*, so that by short and easy stages a patient may be enabled to reach this district, which promises so good a chance of arresting the disease, and a restoration in great measure of health and strength.

Surely this is worth a trial. We send patients to Egypt, the Cape, Davos, Queensland, in fact, anywhere, that they may have a chance of recovery through climatic influence. Why not send some to St. Regis? In the brief space of this review there are many points of interest necessarily omitted, and no justice can be done to the lovely etchings which adorn the pages of the article. I would earnestly recommend all who are interested in the subject to obtain the May number of *Harper's Monthly*, and read for themselves what I have been able to give only the barest outline of.

## MEETINGS OF SOCIETIES.

## THE BANQUET TO THE VISITORS TO THE INTERNATIONAL HOMŒOPATHIC CONVENTION.\*

At the invitation of British homœopathic physicians, the American and foreign visitors were entertained at a banquet at the Criterion on Friday evening, July 15th. The President (Dr. HUGHES) occupied the chair; Dr. POPE the vice-chair.

At the conclusion of the dinner, the CHAIRMAN called upon the company to charge their glasses, and said: It is always customary in this country, when we begin our toast drinking, first of all to drink the health of Her Majesty the Queen; and although the present assemblage is that of the *International Homœopathic Convention*, I am sure there will be no grudging on the part of the members of any nationality here represented in the response accorded to the toast I am about to ask you to drink. We, here in England, have the satisfaction of knowing that the honour and respect we feel for the person of Queen Victoria is shared by every one who knows anything of her, and that there is no Sovereign in Europe who is more honoured wherever she goes. I venture also to say that in our sister America—though no longer subject to the British Crown—there is more than honour—there is affection felt for the head of our State, and that “the Queen” is a household name there as well as here for one who has adorned her high place, and has shown therein all the virtues of a mother, a wife, and a woman. (Cheers.) The Queen knows, and well exemplifies one chief office of the Monarchy, that is, to represent her country—to represent it alike in its historic past and in the mind of its present; and that office of hers was never more worthily fulfilled than when our brethren over the sea were plunged suddenly into great trouble through the calamity which fell upon the head of their States. She then was foremost in showing her spirit of sympathy and affection. We all sympathised with her then; and I ask you to sympathise with us to-day, and to drink to the health of Her Majesty the Queen. (Cheers.)

The toast was cordially received, and accompanied with the singing of the National Anthem.

Dr. POPE, in proposing the next toast, said: I ask you to drink the health of the Prince and Princess of Wales and the members of the Royal Family, assured that it is a family that enjoys a high degree of popularity not only in this country, where it is perfectly natural, but in every other country in the world. The Prince of Wales in his time has travelled over the greater

\* Through the courtesy of the President of the recent Convention, we are enabled to present our readers with an ample report of the speeches at the dinner, to which we briefly referred last month.

portion of the civilised world. His visit to the United States and to Canada some years ago was one of very pleasant memories to many who were there. As a visitor to Paris there is no one who is more popular than the Prince of Wales, and it is the same as regards Vienna and St. Petersburg, and we may say all over Europe. Hence there is a very great degree of propriety in asking an International assembly to drink the health of the Prince and Princess of Wales and the members of the Royal Family, which I now do.

This toast having been duly honoured,

The CHAIRMAN said: Now, gentlemen, that we have performed our loyal duties, we can address ourselves to the subjects which more immediately bring us together. But before we can say a word about homœopathy or homœopaths, we must first remember him to whom we owe both homœopathy and homœopaths; we must first of all honour the memory of Hahnemann; we do that as usual by drinking to his memory in solemn silence, and I will ask Dr. De Gersdorff, of Boston, to propose the toast which we shall thus honour.

Dr. DE GERSDORFF: Mr. President, and Gentlemen of the Homœopathic World's Convention, I am truly over-powered by the honour you bestow upon me by asking me to propose the toast to the memory of Hahnemann, for I claim certainly no right to it in the presence of so many of his more worthy disciples. But if the personal, and almost filial affection, which I entertain for him and his memory, and which I have entertained during my entire life, can give one a right to it, I may claim it. The great master was esteemed as my own father and true friend, and my physician in my infancy, and I can truly say that by his judicious treatment, my life, when laid low, and in much danger, after a scarlet fever, was saved by him; he saved me also from the horrors of the old-fashioned allopathy of 1824. He himself had the satisfaction of verifying his method by curing me with fresh air, good diet, and *calc. carb.* Thus it happens, that as I have occasionally gloried in this event of my early life, one of my Boston friends has called me the "lap-boy of Hahnemann." I do not think that there is a man among us who has been more beset than I have by doubts of the various theories of Hahnemann, and who yet at the same time is more strong in his conviction of the greatness of the man and his method. Truth is a wholesome, but often, also, a searching fire. It is only rarely that a Prometheus arises to snatch it from the heavens; and your great Shakespeare, hundreds of years ahead of his time, guessed at a physiological truth when he made Hamlet say—

"Oh that this too, too solid flesh  
Would melt, thaw, and resolve itself  
Into dew."

foreshadowing thereby the circulation, the office, and the destination of the blood. So did our illustrious Hahnemann overleap his time, and penetrate with prophetic wisdom the mysteries of life and disease and those of the power in the drug, and he ignited his Prometheus torch by pronouncing the living method, a method of action, in the immortal words *similia similibus curantur*. (Cheers.)

The CHAIRMAN: One word in addition. In drinking to the memory of Hahnemann, let us remember also those three worthy disciples and followers of his who have departed from us during the last five years—Quin, Nunez, and Hering.

The toast was drunk in solemn silence.

The CHAIRMAN: The next toast on our list is "Prosperity to Medical Education." And I shall ask a gentleman whom we have been very glad to see among us on this occasion, coming from the far north of Russia, to propose that toast. He will appreciate the toast of Medical Education more than most of us, from the fact that homœopathy has no educational opportunities in that country. I shall ask to respond to the toast a gentleman who represents a country where medical education in homœopathy is widely diffused, and who, as Dean of the Medical Faculty of the University of Boston, stands at the head of it. I shall ask Dr. Talbot to reply.

Dr. VON DITTMANN, in proposing "Prosperity to Medical Education," said: I think we have all been delighted to listen at one of the sittings of our Congress to the very able speech of our most learned and illustrious colleague, Dr. Talbot, in which he gave us a short account of the excellent and almost astonishing results of special homœopathic education in America. If it is true that in the old world the question of introducing homœopathy into the official centres of science, the universities in the different lands, meets with such difficulties as to make it nearly impossible, and if, on the other hand, there are many important reasons for suggesting that perfect knowledge of the therapeutic method of the old school is desirable, and gives to the homœopathic practitioner a very great advantage in meeting the mockery or the assailings of the allopathic physicians—nevertheless it cannot be doubted a moment, that as long as we do not find out a way to give larger opportunities than we do now to young physicians of the old school to learn homœopathy, we shall never be able to compete with our brethren on the other side of the Atlantic. I hope that this question, once raised by Dr. Talbot, will not be dropped, but most carefully examined, so as to ascertain the possibility of founding homœopathic schools for young physicians who have obtained the license to practise from the universities of the old school, and that every one of us will do his best to further this question by following the good example of our

American colleagues. I beg to propose the toast of "Prosperity to Medical Education," and the health of Dr. Talbot, Dean of the Medical Faculty of the University of Boston. (Applause).

The toast having been duly honoured,

Dr. TALBOT, in response, said: Mr. President and Gentlemen,—the subject of medical education is one too broad and too deep to go into to any great extent to-night, and I do not propose to bore you with a long speech upon that subject, but a little anecdote perhaps may start us right. Possibly you have heard of a gentleman who was going to a town supposed to be not very far distant; as he was going along, and not feeling quite certain of the way, he met a Yankee farmer, to whom he said, "Can you tell me how far it is to Dedham?" "Well," said the Yankee, "the way you are going now, it is about 24,000 miles, but if you turn right round, and go the other way, it is only a little way." Now, medical education, for the last 6,000 years, has often times been going the other way a long distance round; but at its shortest distance, and in the best method that it can be pursued, you will bear me out, gentlemen, in saying that it is no short, and no easy way. (Hear, hear.) Our homœopathic schools in America, that you have so kindly alluded to, have been established by men of earnestness and of education—men who have been willing to make every sacrifice, from Hering in his earliest efforts in America, to those gentlemen who are associated together in our medical schools in America to-day; they have all made great sacrifices for it; and yet, gentlemen, what they have done has been only the beginning of the way for homœopathy. If we have started them with a compass, with a law—with good directions which shall take them in the right course, we are happy; but, gentlemen, it requires more than schools; it requires the daily effort of our lives; it requires our association one with another; it requires our literature; it requires our hospitals, our dispensaries, and all the connections with which the medical profession is associated, to give a proper medical education to the physician; and let me say that this association, and this meeting, has done not only for me, but I trust for every one of us, something to help us in our medical education. (Cheers).

The CHAIRMAN: Gentlemen, we have wished prosperity to medical education, but medicine, strictly speaking, does not include surgery; and yet we have here to-day such eminent representatives of American surgery that I feel the subject demands a special toast. Surgery, thanks to our American brethren, has done great things for homœopathy, and we must therefore wish it prosperity to-night. I call upon Dr. Burnett to propose the toast, and upon Dr. Helmuth to reply.

Dr. BURNETT: I have pleasure in rising to propose the toast, namely, "Medical Surgery" or surgery, with special reference

to American surgery. We poor unfortunate homœopaths have been accused of everything nearly, and have been told that we have failed in everything. It is said we are not representing science in any way, and I have heard it said and repeated that we have never produced a first-class surgeon. We have the honour to-night to have here one of the first surgeons of the day—(applause)—and, having the presence of one of the first surgeons of the day, I am sure you will not expect me to occupy your time. I therefore propose “Health and Prosperity to American Surgery,” and couple with it the name of our honoured guest, Dr. Helmuth.

The toast was warmly responded to.

Dr. HELMUTH, in reply, said: Mr. President, if it were not that a surgeon should never be on the sick list, that he should be up to all emergencies, and ready at all times to meet the demands made upon him, I certainly should feel overcome by this extraordinary demonstration of your society and the assembled physicians; but my love for my science and my art bear me up. They call me an enthusiast in surgery, and so I ought to be, and I expect to bring before you some arguments in a few minutes which will go to prove that actually the whole world was peopled through surgery and through nothing else. (Laughter). In order to prove that if there were no surgery there would be no population, I have put this little argument of mine into verse, and, if you will allow me, I will repeat it to you now. Dr. Helmuth then recited a humorous poem, to prove that, while medicine was claimed to be as old as man, and surgery was regarded as its poor relation, as a matter of fact surgery preceded medicine, and in age could claim priority. Describing the temptation of Eve and the fall of herself and Adam, he said—

“ ’Tis true the snake aroused the curiosity, and gave to Eve  
the apple fair and bright;  
She ate, and with a fatal generosity inveigled Adam to a  
luscious bite.  
But from that time disease and suffering came,  
Doctors were called upon to cure the evil;  
The art of healing then, with all its fame,  
Was but, at the best, developed by the Devil.  
Medicine thus came coeval with the sinning  
Of Mother Eve (fair creature, though quite human),  
While noble surgery had its beginning  
In Paradise, before there was a woman.  
But facts are facts, and we are all agreed  
That Satan laid on man the direful rod;  
The doctors are the Devil’s progeny,  
While surgeons came directly down from God.”

In illustration of this assertion, Dr. Helmuth went on to say that—

" Adam profoundly slept by anæsthesia,  
And from his thorax was removed a bone.  
This was the first recorded operation,  
No doctor here dare tell me that I fib ;  
And surgery, thus early in creation,  
Can claim complete excision of a rib.  
This is nothing to the obligation  
The world to surgery must surely owe,  
When woman (loveliest of the creation)  
Grew and developed from that very bone.  
From this the world was peopled."

Thus having finished his task, he asked them to—

" Sometimes give honour to the bright scalpel,  
And, when you recollect what I have told you,  
Remember me—'tis all I ask—farewell."

(Applause).

Dr. DUDGEON, in proposing the toast of " Medical Literature," said : When Dr. Pope requested me to propose this toast I was much too submissive to think of objecting to it, because we never refuse what our " Pope " proposes, but I feel that I am very incompetent to speak to the toast of Medical Literature. When I look around the table and see more than one gentleman who has already distinguished himself in the path of medical literature, it seems presumptuous to select a humble individual like myself for this honour. Perhaps the reason is that I have destroyed more sheets of paper with my literature than most of you. But the Latin says *Litera scripta manet*. I hope that is not literally true, because if it were the world would soon be too small to contain all the books that are written on medicine. I think, in order to bring it within reasonable compass, we must confine ourselves to the literature of homœopathy. Now we have representatives here from all the countries of Europe, and those representatives of homœopathy are also the representatives of homœopathic literature, for it is a curious fact that the *cacoëthes scribendi* is so rife among medical men that no medical man thinks himself properly initiated into the profession till he has written a book. (Laughter). I think we may say " so many heads so many books." Some of the heads have produced a good many books. But the literature of homœopathy is represented to night by delegates from different parts of the world. The homœopathic literature of America is enormous, and is represented by some of its most illustrious representatives. The literature of France also is represented here by Dr. Claude ; the literature of Russia is represented by our friend Dr. Von Dittman ; and the literature of Italy by Dr. Cigliano. Now it would be presumptuous on my part to take upon myself to assign anything like discriminating honour to the different countries as far as literature is concerned. We are a very small body in this country, but still we have produced a great deal of literature, and the literature of all the

other countries is also a very considerable quantity in proportion to the number of representatives of homœopathy in those countries. It appears that those who practise homœopathy write a great deal more in proportion than the old school, and the matter that we have written, I think, will compare very favourably with anything that has been written by the professors (or others) who represent allopathic literature. I will not detain you longer, gentlemen, because the subject is too vast and my powers are too limited to worthily speak upon the subject, but I will call upon Dr. Foster, who is also one of our transatlantic visitors, to reply to this toast, and I hope you will join with me in drinking his health and his success. (Cheers).

The toast was cordially received.

Dr. FOSTER in reply, said there was no sentiment to which he could respond more fervently and cordially than that of "Medical Literature." For what was medical literature but the consummated flower of all past medical experience? Or, it might perhaps still better be likened to the last product of a long series of physical elaboration—the blood—not only the blood which supplied the general system, but medical literature was the blood which supplied the cerebral circulation in the organic bodies of medical men. When this cerebral fluid was supplied in sufficient quantity and quality then the medical organisation which corresponded to the brain matter received their aliment therefrom, rushed out to feed upon it as their natural aliment, grew strong and robust and jovial under its influence, and then merely began to express themselves in rhythmic thought and to send forth hymns of scientific praise. When this medical literature was not supplied, then—as with the brain, which would fail if it were not supplied with blood—they would sink to sleep or it might be to death. But the analogy did not hold good any further. It had been well said that "men die but man lives;" and so while individuals might sleep, organisations, like the Omnipotent, neither slumber nor sleep. They are eternal, and are made so in great part by the power of their constant aliment, which was supplied in the form of medical literature. The function of the Christian religion was to make all men one by identifying them in one of the most sacred of all sentiments, mutual love; the object of medical literature to medical men was analogous to that, if not so great; yet so great was it that he might compare one with the other, for it was to make all of them intellectually one in the possession of common thought and a common intelligence. (Applause). They had seen a noble exemplification of that idea during the meetings of the week, where the intelligence of many nations became the intelligence of each individual, and the intelligence of many ages was brought down to the comprehension of the hour. France had sent her tribute, and a

tribute worthy of her ; Italy was grandly represented ; Russia, too, sent her brilliant contribution ; Germany, the great, powerful, and philosophical Fatherland, they missed, but Germany had missed the meetings. America, too, the youngest of all the countries—and the one which he, amongst others, had the honour to represent or to misrepresent—(no, no,)—as became her, had sent her early contribution, somewhat luxuriant and florid, perhaps, but nevertheless characteristic of her position and her age ; at all events, America had done her level best—(cheers)—and they might flatter themselves that she contained within her the promise and the potency of every form of medical action in the future. And as for England (the great mother), he must say of her that “ every man ” among them “ expected England to do her duty,” as she always had done ; whether as a host, as a friend, or as a contributor, she had done it gloriously. But those contributions of wisdom which they had had from so many ages and so many lands, could not have been given except by the perpetuity of medical literature ; and the good accomplished by the meetings of the week would be communicated to others by the same means. The topic of medical literature was a large one, and was intimately connected with medical education. That brought him to the question of medical colleges, and he could not help thinking of the marvellous effect that would be produced upon the immediate medical future of Europe if those splendid European minds whose possessors had contributed to their instruction during the week could all be busily engaged, as they ought to be, in instructing the youth of their respective countries in the general therapy and principles of homœopathy ; he was satisfied that before long they would see them so engaged, as the effects of their influence were everywhere seen ; the value of the homœopathic remedies were being acknowledged, and the remedies themselves appropriated and respected by members of the old school ; and he believed the time was not far distant when it would be impossible to distinguish between the medical literature of homœopathy and that of the regular school, for then they would all be one, and all be well taught in general therapeutics, and they would all derive that which was their birthright as physicians, from their thorough acquaintance with medical literature. (Applause.)

The CHAIRMAN : The next toast we have to take up now is that of hospitals, and following the good example set us by Dr. Dudgeon, we will limit ourselves for the present to homœopathic hospitals—not that we do not love the others a good deal, but that we love these a little more. (Applause). I would call upon two gentlemen, both from the United States, and both connected with hospitals, to propose and respond to this toast. The toast will be proposed by Dr. Bushrod James, of the

Hahnemann Hospital of Philadelphia, and responded to by Dr. McClelland, of Pittsburg.

Dr. BUSHROD JAMES, in proposing the toast, said: If there is one subject that is nearer my heart than another, independent of the education of young men in the profession, and the profession of homœopathy, and the laity of homœopathy, it is this subject of the progress of our hospitals. I therefore propose "Prosperity to our Homœopathic Hospitals." About fourteen years ago, being in ill-health, I sought these shores, and having reached them, I wended my way to this great metropolis—the metropolis of the world—London; and before I visited that sacred temple, Westminster Abbey, or that noble structure, St. Paul's, or that old historic London Tower, I said, "Where is the Homœopathic Hospital?" I was told that it was in a street called Great Ormond Street. My expectations were great, and I soon found my way there. I had the pleasure of visiting your hospital, and I was much pleased with it and all its arrangements. I have since enquired about it, and find that it has added to its wards, and, further than that, I find that it has made additional progress, thanks to that glorious old man, that noble man, that grand homœopath, Dr. Quin, who has left it a legacy of so much material wealth. (Cheers). I say that that certainly indicates progress. Now let me refer for a moment to the signs of the times in my own country, so that you may see how we are educating the people there. Only a few years ago some worthy people in New York began to remember that there was such a thing as homœopathy, and that they had been educated in the science, and two or three prominent men in New York said, "We will give the homœopaths a hospital here," and they went and picked out a building that would accommodate 700 or 800 patients, and they handed it over to the homœopaths. Well, sir, just a week or so before I left home I was very much pleased with a little fact that came under my notice, showing that even in Philadelphia—dull as it is, and far behind as it is in homœopathy—the people are beginning to learn, yes, have learnt, its value. I saw a statement in the papers to this effect. We have what we call a grand jury; it is composed of men selected from the more educated and intelligent of the business community; they were called together and they made a report upon our hospitals. I should tell you that charitable institutions, among other things, are included in their duties. These men in their visit to the almshouses discovered the fact that there was no homœopathy there and that there never had been, and they said to themselves (sensible men that they were), "Why do we not put the homœopaths in here and let the homœopaths have a chance as well as the allopaths?" and in their report they recommended

to the Judges of the Court that this defect should be rectified, and that the subject of the appointment of homœopathic physicians as part and parcel of that institution should be considered. We have there a club called the Hahnemann Club, and a very few hours sufficed after that came out in the newspapers to have the members called together. A committee was appointed and that committee was very soon in consultation with another committee, and those committees within a few days were at work. I was so busy the last few days before leaving home that I could not meet with that committee, but I had the satisfaction of learning this, that they had been in consultation, and that they had called upon the Chairman of the Board of Guardians which has charge of these almshouses (which have from 3,000 to 4,000 paupers in them under the charge of five men). The President of the Association said, "I am in favour of homœopathy going into that institution, how will you arrange it?" That is a matter for after consideration, but they have consented to the principle of our admission, and I suppose the committee are at work, anyhow, I hope they are at work, and I hope they will accomplish the object for which they are working before I get back. I have great pleasure in proposing for your cordial acceptance the toast of "Prosperity to our Hospitals."

The toast having been duly honoured,

Dr. McCLELLAND said: I can answer to that toast with an unction such as one only can have who has been helping to establish the prosperity of a hospital. We have a little hospital in Pittsburg that has done splendid service for humanity, and for homœopathy; and let me just say that that is the function of a hospital. (Applause). I believe that the first element of success in a hospital is that it shall be established in order that it may do good service for humanity. Let that be the prime, the cordial object; and then see that it does good service in the propagation of homœopathy. If it is successful as a hospital, it will be successful in illustrating the doctrines which we profess. I do not know of any hospital which has been established under homœopathic auspices, which has not established the fact that homœopathy is superior as a system of therapeutics to allopathy; and I can tell you that it is one of the chief means of establishing ours as a system of practice, of giving us dignity before the world and in the eyes of the profession at large. Now, I say, in order to ensure the prosperity of hospitals, one thing particularly is required, and that is, hard work. (Applause). Nothing in the wide world will make a hospital successful but hard work, and as our Poet Laureate has recently established the fact that there is no greater "inducer" (if there is such a word) of medical quarrels than medical colleges, I can assure you that there is nothing that cements the medical fraternity to such a degree as hospitals.

A hospital brings together the best men of the profession as a rule ; at any rate, those who do come together work hand in hand, not only for humanity, but for homœopathy. Therefore, to neutralise the effect of a medical college (if it is such as I have quoted) in any community, I would advise the immediate establishment of a hospital. But it certainly does mean work. I have been connected with our little hospital about 14 years, not only as a surgeon, but as one of its trustees ; and I can give you an idea of what we do in a day. Sometimes after a very hard day's work, and perhaps very little night's sleep, the bell rings and a message comes up to your door that somebody wants you in great haste in the office. Well, you get up, feeling very tired, and go down stairs, and the first thing that greets you is—"Here is a patient down in the hospital, who is very sick, and wants you." You hurry down there right away, and perhaps you wish that that hospital was anywhere but in your town. However, you have got your clothes on, and the demand made upon you is from the hospital, and therefore you go down there. You would not go to see a patient from whom you would receive a fee, but you go down to that hospital every time. Well, you get through with the case and come back again ; you go into your office, and while you are prescribing for your patient somebody comes up very politely and says, "Doctor, I believe you are one of the trustees of the hospital."—"Yes, sir."—"We have a little account that has been standing for some time ; I wish you would bring that to the attention of your board."—"Oh, yes, I will do that ; we will have a meeting next week and I will bring it to the attention of the board." Well, next I go and look at my visiting list and find that there are a lot of cases to be seen, and there is an operation set at the hospital for twelve o'clock perhaps ; everything has to be set aside for that ; you must let your private cases wait ; you are getting money for them, but that has nothing to do with it—at the hospital there is a patient to be operated upon. Down you go, and it may take perhaps half-an-hour, or an hour, or two hours, or five hours. It does not make any difference what time it takes, for it is the hospital, and you must do your work there ; and so it goes on. The case is operated upon, you have got through your round of patients, and you go back home perhaps about midnight, when you find a message waiting for you—"Come down to the hospital at once ; the patient operated upon is worse." So you turn round and drag off down to the hospital again. People say "Where is the doctor," and the reply is "Gone down to the hospital." Now, that is all true, and yet I tell you that it is the pleasantest work that ever a man did, either for his profession or for humanity. (Applause). You go down, and the patient says, "Doctor, I am mighty glad you are come," and you can

believe every word of it; and the nurses, and everybody, step aside and say, "Doctor, we are mighty glad you are come." That you can believe, and it pays for all the labour, and you are able to say, "It has been a hard day's work for the hospital, but I'll start again to-morrow, and do just such another if it is necessary." (Applause.) Now I have only another word to say, and I will say it in the language of the classic Rip Van Winkle—I wish that every hospital, and every hospital effort in England (or all that England represents, for she represents three-quarters of the globe), and in every country that is represented here "may live long and prosper." (Cheers).

Dr. MEYHOFFER next proposed the toast of "Medical Societies." He said: I am not going to make a speech. There are abundant reasons why I should not. The first is, that I cannot. But we are deeply indebted to the societies among us. In all countries wherever a society exists, it keeps alive signs of the progress of our doctrine. We are, therefore, all deeply indebted to them for their work, and for their contributions in every respect in maintaining amongst us that doctrine. I beg to associate with the toast the name of Dr. Breyfogle, the President elect of the American Institute of Homœopathy.

The toast was heartily received.

Dr. BREYFOGLE, in response, said: No one can deny that the advancement of medical science is due to the prosperity of medical societies. They began with medicine, and have been the great arteries through which the life and spirit of investigation has been distributed throughout the medical world. Homœopathy owes its present position in my judgment to its strong organisation. In America we have sectional societies distributed all over the States, and I am proud to say that our oldest and largest national association is the American Institute of Homœopathy. That body represents the results of the experiments made by our brave Dr. Gram, who in 1825 first planted the banner of homœopathy in the great centre of our then young Republic, and the little band of physicians who have braved the perils of the deep and travelled so many thousand miles to be with you on this occasion, now bring you greetings from the American homœopathic profession, which numbers over 6,000 members. That profession has its colleges, its hospitals, its dispensaries and asylums, planted from one end of our vast country to the other; it has its representatives, both State and National, on medical boards and in medical universities; and it numbers its *clientèle* by the million, among our best and most intelligent people. The American Institute of Homœopathy has just closed its session in New York, and whilst bidding us God-speed in our mission of love, they bade us extend to you the warm grasp of friendship, and to convey to you those sentiments of high professional regard

which you have so richly merited by your devotion and zeal in the cause of relieving suffering humanity; and they hope that our meeting on this occasion will mark an era in our history and be but the beginning of another series of brilliant achievements in the medical world. In being called upon to respond to this toast as the highest officer of the American Institute of Homœopathy on this occasion, I am moved by a deep sense of the high honour conferred upon me in thus being placed before so many of my distinguished colleagues. I see around me not only many of the ex-presidents of that institution, but men who have distinguished themselves by their learning and scientific attainments. Perhaps some of them were present when, thirty-five years ago, that little pioneer band of homœopaths first organised the American Institute of Homœopathy, and with their axes on their shoulders struck into the vast wilderness of medical science, determined to hew their way to recognition and success. (Cheers). What obstacles they have encountered, what difficulties they have overcome, what results they have accomplished, history alone will tell. It is sufficient for my purpose to point out the fact that the broad way hewn by those brave men stands, and will ever stand, as a monument of their ability, industry, and scientific research. Mr. President, I cannot close my remarks without referring to the very cordial welcome we have received at the hands of our British homœopathic physicians, and on behalf of our American delegation, it is my privilege and my pleasure to extend to you our sincere thanks for your liberal hospitality. (Cheers).

The CHAIRMAN: We hitherto have been acting as one Convention, but now we must resolve ourselves into a British body, for we are about to drink the health of our American and then of our Continental guests. The healths of our American guests will be proposed by one eminent man and responded to by another—it will be proposed by Dr. Drysdale and responded to by Dr. Conrad Wesselhoeft.

Dr. DRYSDALE, in proposing the toast, said it was one which he was sure would meet with a warm reception from his English and Continental colleagues. Since meeting Dr. De Gersdorff he had been reminded of a very pleasing incident. As a boy he was educated in France, and as a medical student he was for a time studying in Germany, and he had just learned that while in Leipsic Dr. De Gersdorff was a student of law in the same town, but that he afterwards abandoned the legal profession for that of medicine. In proposing this toast he felt that he could not include their American brethren amongst foreigners, for they spoke the same language and possessed the same tone of thought as Englishmen, though they had their feet set in a larger room. With the exception of that slight difference they were the same, he believed, intellectually, socially and emotionally. He could

not yet go the length that Mr. Gladstone went in saying that America had reached pre-eminence in all departments, for he must say with regard to art and science, and literature, that the sceptre still rested with the mother country. But as to medicine the sceptre of progress in homœopathy had passed from the English people over to the Americans. England and America began about the same time to develop homœopathy in their respective countries, but they saw what little progress England had made in the science. The English practitioners had been cramped and confined from the beginning, they had increased slowly and had not been able to develop their principles, they had been shut out from the hospitals, from medical literature and publications, and all the means of development of medical training, and their adversaries had turned round upon them with unexampled meanness and taunted them with the assertion that they could not produce any man "great in medicine" as they called it, but "great in allopathy" was what was meant. It was impossible to expect that homœopathy could be developed without hospitals, and without literature and without large numbers. In England they had not the large numbers, they were not increasing, and he was afraid they had now reached their acme (No, no). He hoped not, but at any rate the principles of homœopathy were being imported into medicine not through confessors and martyrs, but through renegades and crypto-homœopaths. In America it was otherwise, and they there counted hundreds where in England they could be counted by tens. In the future, when the history of medicine came to be written, he feared it would be written by those who would say that what was good in homœopathy had been imported into medicine by the crypto-homœopaths. He had watched with interest the great fight that was going on across the Atlantic, and in looking to the future he felt that they could leave their reputation and memory in the hands of their American brethren. From what he had seen during the meetings of the week he now felt no fear, for he had been delighted to see men in every department taking a leading part, and he trusted that they would in the near future become the majority of the best educated physicians and surgeons of America, and then medicine would pass over to homœopathy. *Here*, homœopathy had been simply lost in medicine, but *there* medicine would be absorbed into homœopathy, and the progress of medicine would be the progress of homœopathy. (Applause). It had been well said not long ago, that homœopathy alone has the future of medicine, and he reminded his American colleagues that with their great work they had great responsibility, and upon them the duty rested that nothing mean or imperfect should be tolerated in homœopathy. Being representatives of medicine, they should strain.

every point to raise medical education to its highest development in homœopathy; they had a great example in Dr. Talbot, who had raised the curriculum to a perfection which allopaths had not yet reached; and the duty lay with America of meeting the allopaths with their own weapons, and showing them that the future of homœopathy was the future of medicine. (Applause.)

Dr. WESSELHÆFT, in responding, said that there had been many pleasant things spoken that evening, and his duty simply would be to thank them for the cordial recognition that they had given to the toast. He might remark that he had never seen Her Majesty's health drank with more cordiality than it had been by the American delegates present at that gathering. They felt much gratitude for the kind reception with which they had met on this side of the water, for they had been literally overwhelmed, and had been revelling in luxury ever since they arrived in England; words failed him to express in a suitable manner the grateful feelings of himself and everyone who had accompanied him over the Atlantic.

Dr. POPE, in proposing the health of the visitors from the Continent of Europe, said they could only regret that some who had intended to be present had been prevented from attending the Convention. They could not fail to remember that to the Continent of Europe they owed homœopathy in the first instance—(applause)—and from the Continent of Europe they hoped for much, and expected much, in the future. They had been gratified in seeing from several countries, gentlemen who were well-known and able representatives of medicine in their respective localities, and one of those gentlemen he would ask to respond to this toast. He referred to their friend Dr. Claude, of Paris, who was very well known, wherever homœopathy was appreciated, as one of the ablest contributors to the literature of medicine. (Applause).

Dr. CLAUDE said it was with very great pleasure that he rose to return thanks in the name of his Continental brethren for the toast so kindly proposed by Dr. Pope. In common with his Continental colleagues, he was very happy to see at the Convention the faces of so many friends whom they had known before, and to meet with so many new friends whose acquaintance they had been happy to make. He thanked the company for the kind manner in which they had received the representatives from the Continent, and assured them that the time had appeared to take wings and fly away, so that, in the words of Shakespeare, "Pleasure and action make the hours seem short: you make the July day short as December." (Applause). In conclusion, he would express his very best thanks for the reception accorded to himself and others, and, again borrowing the words of

Shakespeare, say, "The best wishes that can be forged in your thoughts be servant to you." (Applause).

Dr. DAKE said he now proposed a new move, and in doing so he was about to appeal from the President. He was about to propose the health of one gentleman present, and it might be that the President would rule him out of order, and, therefore, he would address himself directly to the company. He rose to propose the health, first, of one who was made known throughout the Homœopathic World by his works upon *Materia Medica*. When he began that labour it was remarked by some who were a little like Rip Van Winkle, that he was taking down the old books from the shelves to throw dust in their eyes; nevertheless he went forward, and in his efforts he had done much to clear away the dust that had accumulated round many of those precious names which they valued in connection with the practice of homœopathy. He begged to propose the health of one who was now doing as much as any living man to give the homœopaths a *Materia Medica* and therapeutics of a reliable character and a high order, and in doing so he proposed the health of one whose brain, and hand, and head had been, month after month and year after year, preparing for this glorious occasion which they had been enjoying in the City of London—(cheers)—one whom the American delegation present had had the pleasure of welcoming to their own shores, when he came into their midst five years previously,—he referred to the distinguished and honoured President of "The World's Convention," Dr. Hughes. (Loud applause.)

The toast met with an enthusiastic reception, and then

Dr. DAKE continued, saying that he was also going to appeal from the Vice-President, and he would not permit that gentleman to rule him out of order either. He would now propose the health of another gentleman, one who had been a noble worker in the arrangements for this Convention, a gentleman who was well known in the literature of the profession as one of the brightest and most distinguished writers in the islands of Great Britain and Ireland, viz., Dr. Pope, the Vice-President of the Convention. (Cheers).

This toast met with an equally cordial reception.

The CHAIRMAN in acknowledging the compliment said, gentlemen, when two years ago I had the pleasure of presiding over a meeting of our own men, and when they kindly drank my health at the end of the banquet which closed our proceedings, I said that since I had become one of those, known as homœopathists, I had set before me, as one great aim of my life, the resolve to be useful to the cause I had embraced. I said that the honour paid me on that occasion convinced me that my efforts had not been altogether in vain, and that I was thankful for it. But let

me say to night, as pertinent to the present occasion, that perhaps the second aim I have set before me in the same sphere has been to draw closer together and to cement the union of homœopaths in all countries. I felt (and it is some years ago now) that we were not sufficiently known to one another, we did not read one another's journals sufficiently, or one another's books, we did not visit one another's countries sufficiently, and we, of the *British Journal of Homœopathy*, accordingly set to work some time ago to present as full an abstract as we could of all that was interesting in the journals of other countries. Again, I sought to plan how best we could visit one another, and accordingly, when the World's Convention of 1876 was announced, I decided to go over and visit our American brethren, and since that time others have visited them, and they have been invited to come here as much as possible. Then, again, some of us went over to France in 1878, and joined the Congress there, and so, bit by bit, in this way we have become known one to the other; and this occasion, I trust, will be the beginning of many more such gatherings, which shall bring us face to face, hand to hand, mind to mind, and heart to heart, so that, though our brethren of the profession at large will not admit us to their community, there shall yet be a unity in which we can delight, in which we can bind ourselves very close, and that shall be a union of homœopaths. (Cheers). I thank you, gentlemen, very much for the kind appreciation you have shown, both in the meetings of the week and again this evening, of such efforts as I have been able to put forth for the success of this Convention, and my best reward for anything I have done is that which is conveyed to my mind by your plaudits, and the great success which I believe we all feel we have attained. (Applause).

Dr. POPE also acknowledged the toast drank in his honour, an honour which he said was entirely unexpected, and for the cordial response to which he was proportionately unprepared; but, he added, I thank you very much for the appreciation shown of what little I have been able to do to further the interests of our meeting on this occasion—a meeting which I trust will be fruitful of good results, not only to homœopaths in England, but to homœopaths in all parts of the world. (Cheers). “Union,” gentlemen, “is strength,” and depend upon it—as one of the Seven Bishops, addressing his colleagues in misfortune in the Tower of London a couple of hundred years ago, said—“We must all hang together, for, if we do not, we shall all hang separately.” (Cheers).

The list of toasts being concluded, Dr. MOORE (Liverpool) proposed the health of Dr. Hamilton, Dr. Hilbers, and Mr. Cameron, which, having been drunk, was acknowledged by each.

The PRESIDENT then proposed the health of the Treasurer (Dr. Black) and the Secretaries (Dr. Gibbs Blake, Dr. Hayward, and Dr. Burnett), which was responded to by Dr. HAYWARD and Dr. BURNETT, the latter adding that he had a toast of his own to propose, which he was sure would be received with all heartiness. Their American brethren had most cordially honoured the toast of the Queen and Royal Family (and might they live long to reign over us), but he reminded them that on the other side of the Atlantic there lay a man, who, although not a king, was almost more than a king, for he was one of Nature's noblemen. He, now, by the hand of a madman, was stretched upon a bed of suffering, and he (Dr. Burnett) would ask the British members especially, to drink to the speedy restoration to health of General Garfield. (Applause).

Dr. BREYFOGLE (Louisville, Kentucky) next proposed the British Homœopathic Society, and the health of Dr. C. H. BLACKLEY, Vice-President, who responded. The last toast was that of "Absent Friends," proposed by Dr. DYCE BROWN, which having been appropriately honoured, the company separated.

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## CORRESPONDENCE.

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*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—May I ask your kind insertion of enclosed letter in next *Review*. It was forwarded to Dr. Hughes with a request that it should be read at the International Convention. But by some unfortunate oversight it was not so read.

It was my intention to have been present at the Convention, and to have advocated the emancipation of medical teaching from the present unworthy restrictions by which it has been and still is possible for the dominant school to prevent the teaching of the homœopathic system in the only recognised schools.

I wished also to plead the cause of free *fellowship in science* over the whole civilised world. A subject perfectly appropriate for discussion before an International Convention. But my health prevented my presence on that occasion, and the President omitted (I believe by inadvertence) to read my short letter. Hence I am compelled to trouble you with it, as the best means of insuring its meeting the eyes of our brethren who, living out of our little Islands, are excluded from some of the rights of physicians by what I cannot but consider our narrow insularity.

Yours truly,

WILLIAM BAYES, M.D.

88, Lansdowne Place, Brighton.

11th August, 1881.

*To the President of the International Homœopathic Convention.*

My Dear Dr. Hughes,—I wish to express through you my deep regret that I find myself unable to be present at the International Homœopathic Convention, which will bring together so large a number of our colleagues from all parts of the civilised world.

Nothing less than the plea of inability through ill-health would have excused my absence from the Convention. I was most anxious to have opened the discussion on Tuesday by a reference to the great opportunity presented to us by the Medical Acts Commission (at present sitting at the House of Commons), provided something could be proposed by us which should tend to break down the practical monopoly of teaching enjoyed by the established medical schools. It seems to me we should go beyond all lesser considerations, and ask for absolute freedom as to the acquirement of medical knowledge, so that there shall be no monopoly of teaching placed in the hands of any body of men. Monopolised corporations are certain sooner or later to use their powers in a manner opposite to liberality, towards those who are placed under their power.

We have seen that the whole medical corporate bodies of this kingdom have, with one accord, suppressed the scientific teaching of homœopathy in any of the medical schools. The course of conduct pursued by the medical corporations towards our science and art of homœopathy might as well be employed against any other progressive development of the curative art; and therefore, in demanding perfect freedom for the teaching of any theory or practice of medicine or surgery, we are fighting the battle, not only of homœopathy, but of every branch of medical and surgical science. I would advise that we should petition for the right of teaching, by lectures or otherwise, of any branch of medicine or surgery, by any physician or surgeon who holds legitimate degrees or diplomas. In fact, I would place all private medical or surgical schools on the same legal footing as the older institutions of universities or schools.

The word doctor signifies teacher. Why allow such a title to remain a dead letter? Let each doctor have the inherent right to teach, and let his teaching qualify any student whom he has taught to present himself to the examining body or bodies, and give him a claim to be examined as to his fitness to receive a diploma to practise. The present International Convention is a proper body to appeal to as to the International recognition of all medical teaching within the foreign bodies recognised by the State in which they reside.

Why should we deny a qualifying power to the teaching of Paris, Berlin, Boston (U.S.), Harvard, New York, Philadelphia, &c., while we recognise as valid the teaching of Edinburgh, Glasgow, St. Andrews, Aberdeen, Dublin, Galway, Durham, &c.?

Competition with foreign schools and with clever private medical schools would tend to energise the teaching of the universities of England, and to stimulate the corporate medical bodies to seek for new developments of medical and surgical science, instead of (as at present) attempting to hinder all progress in new directions.

We must press then for *free trade in medical teaching*, as the only way to prevent injury to the public weal by the opposition to new developments and to new systems, which will always be brought forward by old corporations when they see their monopoly of teaching threatened.

We must—

“Ring out the false,  
Ring in the true,”

by sounding the knell of medical monopoly of teaching.

Yours, very sincerely,

WILLIAM BAYES, M.D.

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#### DR. BRISTOWE AND HOMŒOPATHY.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—I forwarded enclosed letter to Dr. Bristowe on reading the report of his late address on medicine, at Ryde.

Yours very truly,

WILLIAM BAYES, M.D.

88, Lansdowne Place, Brighton.

12th August, 1881.

*To J. S. BRISTOWE, Esq., M.D.*

Dear Sir,—I have read, with interest, the report of your Address on Medicine, delivered at the meeting of the British Medical Association, at Ryde.

In your address, you speak of Hahnemann as having a “*supreme contempt*” for pathology.

I feel sure you have no desire to misrepresent either Hahnemann or his followers.

You will therefore pardon my reminding you that your observations are wanting in exactness. Had you said “*Hahnemann had a supreme contempt for the pathology of his day*,” you would have given a just idea of the position Hahnemann and his followers held. But you will also confess to holding much of the pathology of Hahnemann’s day (the end of last century and of the earlier part of the present century) in almost as much contempt yourself.

As to the value of “*similia similibus curantur*” as a guide or indication for the selection of a remedy, the true question is not quite accurately stated in the report of your speech. Not only do homœopaths take the “groups of symptoms” as their indication for selection of a remedy for disease, but they avail them-

selves of the pathological signs also. If they find a medicine which can produce similar pathological signs as well as similar subjective symptoms, such a medicine would be preferentially chosen as the remedy. I venture to say that those physicians who at the present day are followers of Hahnemann's rule or law do not value pathological indications less than do those who oppose it. I was told some years since by the agent who canvassed for the sale of *Ziemssen's Cyclopædia* that the sale to homœopaths far outnumbered that to allopaths (proportionately). For myself, I can only bear my very strong testimony to the far greater efficacy *as a means of cure* of medicines given from their careful homœopathic selection, when administered in a sufficiently minute dose to insure against their inducing over-stimulation of the tract on which they exert their specific action.

I have a right to speak with authority on this point, having for the first thirteen years of my practice used the ordinary allopathic remedies, and for the last twenty-five years have adopted and practised the homœopathic, both in public and private practice. Allow me to give you John Hunter's advice, "Don't *think*, but *try*." Thanking you for much courteous expression in your address,

Believe me, yours very sincerely,

WILLIAM BAYES, M.D.

## NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Contributors and Correspondents are requested to notice the alteration in the address of one of the Editors of this *Review*.

We regret that want of space obliges us to defer the report of the Hahnemann Publishing Society, and also Dr. BERRIDGE's paper on "Hydrophobinum."

Communications, &c., have been received from Dr. BAYES (Brighton); Dr. A. C. CLIFTON (Northampton); Dr. KENNEDY (Blackheath); Dr. BERRIDGE (London); Dr. HAYWARD (Liverpool); Dr. MADDEN (Birmingham); Mr. POTTAGE (Edinburgh); Dr. CHATTERTON (Chicago).

## BOOKS RECEIVED.

*Practical Biology, &c.* By Edward Haughton, B.A., M.D. London: Wade & Co.—*The Homœopathic Guide for Family Use.* By Dr. Laurie, edited, &c., by Dr. Gutteridge. 86th edition. London: Leath & Ross.—*Thirty-first Annual Report of the London Homœopathic Hospital.*—*The Annals of the British Homœopathic Society.*—*The Homœopathic World.*—*The Students' Journal.*—*The Chemist and Druggist.*—*The New York Medical Times.*—*The Medical Advance.*—*Bibliothèque Homœopathique.*—*El Criterio Medico.*—*Boletino Clinico del Instituto Homœopatico de Madrid.*—*La Reforma Medica.*—Mexico. *Rivista Omiopatica.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE' MONTHLY HOMŒOPATHIC REVIEW.

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### THE LONDON SCHOOL OF HOMŒOPATHY.

ON the 4th of this month, the London School of Homœopathy enters on its fifth session, the HAHNEMANN oration being delivered by Dr. RICHARD HUGHES on that day. We feel sure that the oration will be a masterly one, and form a fitting opening for the new session, and we trust the attendance on this day will be a large one.

The fact, however, that this is the commencement of the fifth session of the School involves considerations of special interest. The School, as originally constituted, was more or less of an experiment, and it was resolved that its present constitution should last for five years, the subscriptions being also, most of them, for this limited period. This limit will have been reached at the end of the session which is now about to commence, and those interested in the progress of homœopathy are beginning to consider what ought to be the course pursued for the future.

Whether the School has been a success or not is a disputed point. Those who look for great things, for what is impossible in the nature of things, and from the feeling which at present exists in the minds of our opponents of the old-school, consider that the School is a failure, on the

ground that the average regular attendance has not exceeded seven.

Those, again, who calmly consider what we ought to expect, and what we cannot at present look for, are satisfied that in present circumstances the School has had such a measure of success as to justify, nay, demand its continuance in some form. Those who take this view, do so remembering the difficulties which have to be met in carrying the war into the enemy's camp, in acting on the offensive instead of simply on the defensive, and weighing the antagonistic influences at work, are content to reckon their success by comparative tests.

The first great difficulty in the way of getting many students to attend the lectures is that the study of homœopathy is not included in the curriculum which a student *must* go through in order to qualify, and as these subjects are becoming more numerous, and the amount of study to ensure success requires to be greater in proportion than formerly, only those who are very hard workers, and are already interested in acquiring a knowledge of homœopathy, can be expected to attend our lectures and hospital practice.

Secondly, of this limited number, many are not unnaturally afraid of being known as having even a leaning to homœopathy, in case of this possibly influencing the result of their examinations. Those, therefore, who come to our School during their student course must be few.

Thirdly, after students have qualified, comparatively few can afford the time or money required to enable them to spend another year in London. This class, then, must likewise be limited.

Lastly, we have the practitioner, but of these few can manage to get away from practice for anything like regular attendance at hospital practice or lectures.

It seems to us, then, that until the time comes when the student finds that it is really necessary for him to enter a practice with a good knowledge of homœopathy, and until the feeling in the old School is so modified that attendance at homœopathic lectures is a piece of training which a student need not keep his thumb upon, we must not expect to have other than small classes. But, however small the class, the School must be kept up. At no time in the history of homœopathy in this country, has such attention been drawn to it. We find text-books full of homœopathy reckoned and used as standard works; we find the use of homœopathic medicines by those still in the old school ranks daily increasing; pieces of practice which ten years ago were laughed at, are now considered *en règle*; leading chemists are advertising many of the homœopathic remedies, "as recommended by Dr. PHILLIPS"! the allopathic journals are full of discussions as to the propriety of meeting homœopaths in consultation; these journals show a much greater knowledge of what homœopathy is than they did a couple of years ago; while introductory addresses at the annual meeting of the British Medical Association clearly shows what a hold the subject of homœopathy is taking on the allopathic mind, and this in spite of every effort hitherto used to crush it, by silence, misrepresentation, abuse, and ridicule.

Surely, at such a juncture there ought not to be a single man in our own ranks who does not see the necessity of supporting and encouraging by every means in his power the efforts made to keep a School of Homœopathy alive, even though the School may not be carried on precisely on the lines that certain of our friends would wish. In view of the importance of any systematic course of instruction in homœopathy, however imperfect in completeness it may be, and as at the present time it behoves

all to sink differences of opinion as to detail, and to unite to make the best of our materials and opportunities, quasi-friendliness is often worse than open opposition, and we trust that during the new lease of life which the School is about to obtain, every one will do his utmost to aid the great cause by unflinching support.

The sub-committee appointed in the beginning of the present year to consider the best course for the future, submitted their report to the general meeting in April. In that report, the discontinuance of the systematic course of lectures on Practice of Medicine was suggested, and the substitution for it of two courses of clinical lectures. Hitherto, the clinical instruction at the Hospital has been informal, the physician expounding extempore at the bedside the details of the case, with the meaning of the treatment employed. Instead of this, or rather, to make this more complete, it was proposed that a formal clinical lecture should be given once a week, based on the cases at that time in the wards; that two such courses given by two of the physicians should be made as fully useful as possible by some re-arrangement of the number of beds under the care of the three In-patient physicians; and that the School should be drawn more closely to the Hospital by an alteration in the Executive. The lectureship on *Materia Medica* and Therapeutics was to remain undisturbed.

These changes were evidently not unanimously supported at the April general meeting, and since then, the sub-committee which was re-appointed to consider the matter further, have found that the feeling was by no means so unanimous in favour of their first proposals as would justify them in offering again the report as it then stood. What the sub-committee now recommend may be seen fully in the communication from the Hon. Secretary, Dr. BAYES, in another part of this *Review*, and we draw

attention to it, so that full opportunity should be given for its consideration before the day of meeting. It will be seen by this report, that the sub-committee still recommend that the lectureship on *Materia Medica* and *Therapeutics* should be left intact. They likewise adhere to their suggestion, that a formal clinical lectureship should be instituted, a lecture being given, say once a week, during the winter session. But they now advise the maintenance as before, of the lectureship on *Practice of Medicine*. This advice is given, as it was deemed by some who are much interested in the success of the School and its ultimate position as an educational institution, that to abandon the systematic course of *Practice of Medicine* would be a retrograde step, and that the School would lose in position and importance thereby. It is also thought that while students should have the opportunity of as perfect clinical teaching as possible, they ought not to be deprived of the chance of obtaining likewise instruction in homœopathy in a systematic manner, and thus going over the whole field of disease. The sub-committee thus advise the addition to the present systematic courses of a formal clinical lectureship, instead of its substitution for one of the existing courses. The continuance also of the summer course on the *Principles of Homœopathy*, as given this year by Dr. HUGHES, and also of the *Hahnemannian Lecture*, is also advised. Lastly, they suggest that as soon as circumstances will permit, other courses of lectures be instituted. The aim, in fact, is to extend, not to limit the operations of the School. We trust that a full attendance of Governors will be found when the report embodying these proposals will be laid before the general meeting this month. An alteration also in the Executive of the School is also proposed, but the detail of this plan, which will be found on another page, we do not enter into.

We trust that a wider interest than ever will be elicited in the affairs of the School, that subscriptions will be renewed, that all who are acquainted with students or their friends will do their best to induce them to attend the School, that they may learn what will one day be a *sine qua non* in the education of every medical man, and without a knowledge of which he will find himself at a discount in the eye of the public and also of the profession.

*Magna est veritas et prevalebit*, and happy are those who feel that they are doing their utmost, however small, to advance the spread of the knowledge of the greatest truth in medicine ever discovered. Let everyone feel with the poet, that "the aim, if reached or not, makes great the life."

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## A SEARCH AFTER "SCIENTIFIC MEDICINE."

By THOMAS HAYLE, M.D., Rochdale.

THE art of medicine is under great obligations to homœopathy. The discovery that the curative power of medicines is due to their power to disorder or derange the actions of the system, and that from the latter you can infer the former, was a great step. The power of prediction and verification sets the seal of truth on an hypothesis, and elevates it into a theory. But your prediction might be a guess, your verification an accident. Your law might be a truth, but how to apply it? How about certainty as to your similar, and how about your dose? You have evidence of the reality of your law; your cures are too numerous to be coincidences; but if you come to particular instances, where are you? overwhelmed in the darkest doubt. You cannot tell a sceptic what to expect. You cannot predict eclipses; that is when the symptoms of the disease will be extinguished by that of the medicine. Until you can predict eclipses, your system is not a science; it is not deductive; it is empirical, founded on observation; it is true, and thus far in advance of the "scientific medicine" boasted of by your College of Physicians, still in their sins; but you can see the dawn far in advance of

you when the true sun of science will rise to gladden the eyes of the watchers for truth. The reason of these uncertainties lies in the fact that your law is an empirical law—one founded in experience and experience alone. There are cases in which you are able to predict, as for instance, the lowering of the pulse in certain cases of fever from the action of *aconite*, and in a great variety of dose; but in many cases of chronic disease you are no wiser than the College of Physicians, quite as much at sea, and quite as innocent of the power of prediction. Your attempts to find a simile is in one school overloaded by a number of minutiae which may be accidental, while another, of which Dr. Hughes is the able exponent, in the endeavour to separate the essential from the unimportant and accidental, often leaves us with insufficient guidance. The question of the dose, also, is in a very unsatisfactory state. On the one hand you have the millionth attenuation, on the other, the crude material—both professing to be guided by pure experience. Now, if we had a deductive law founded in the properties of the nervous system, we should escape from all these confusions. In the first place, we should see why a homoeopathic law existed, and be able to explain the necessity of its existence. An agent in a large dose comes down the nervous tract, which it is fitted by nature to influence, like a tornado, and destroys the harmony of the scene: nausea, vomiting, colic, and diarrhoea with cramps, take the place of the natural feelings. On the other hand, an attenuation, differing in degree according to circumstances, acts upon this disturbance when it arises from another cause, and causes all this disorder to cease, sometimes as by magic. I am not sure whether it will not act with the same effect when the disorder arises from the same cause. I was once called in to a case of dysentery, tenesmus recurring every five minutes. The patient was under the influence of *merc.* 3. The case was Dr. Pyburn's, and I recommended a higher attenuation of the same medicine. The result was marvellous. All disturbance ceased, and a complete cure was the result. Only one dose was given. Now, on the same principle that Hahnemann argued from his one instance of similarity to the law of homoeopathy, if this is a trustworthy observation, and I have Dr. Pyburn's and the woman's word for it, it is probable that this law pervades all medicinal action. The small dose always counteracts

the action of a large dose. This is what Dr. Sharp and a large school of homœopathists assert, but they assert also that the zephyr overcomes the tornado, a proposition which appears to me monstrous. The doctrine is, you select your medicine by the law of similars, but you use it as an antipathic agent by the law of *contraria contrariis*, because every medicine in a small dose acts in an opposite way to the medicine in a large dose. Now, this is meeting the tornado with a zephyr, and we know what happens when that takes place. The less has no chance with the greater. On the other hand, upon the theory I have suggested, when a much smaller dose is given a set of vibrations in the direction of health are set up; everything abnormal is done away with, and the result is health. This result is countenanced by many observations. When Sir W. Armstrong, in his first series of lectures delivered in Newcastle-on-Tyne, on the hydro-electric machine, stated that he could change the electric current generated by the friction of steam against a metal tube at will, by the addition of small quantities of turpentine or salts, from positive to negative, he asserted, it seems to me, a similar sequence of facts. The properties of electricity also present us with positive and negative states of opposite qualities. The attenuations seem to share in this quality. They develop different states from those which the crude drug produces. Their influence running down a nerve disordered by the crude medicine supersedes its action, whether by a property due to its attenuated state or by some property inherent in medicinal action. Medicinal action is probably closely allied to nervous action, for it acts on it without a special apparatus, unlike the air in the production of hearing. It seems to be like the nervous fluid in being able to act on the same parts, sometimes deranging them, sometimes when deranged restoring them to healthy action. Whether this be done by opposite or merely different actions, I submit requires further investigation. They are actions that proceed down the same nervous tube, and they proceed down it in the same direction. It is not a question of opposing forces going in opposite directions. We know this to be contrary to the fact. In a great many cases they enter into the system in the same way. Besides, in such a case the weaker force would always go to the wall. The tornado would always overcome the zephyr. Now the attenuated force is obviously the weaker, for it only acts

under conditions. The crude material acts unconditionally, and yet the attenuated force acts upon the organism so as to modify its actions and recall them to a state of health, sometimes in a very marvellous way. It has little or no power to act when the parts are in a state of health; but when they are morbidly excited in a peculiar way then it comes down and acts with magical power. The quality of the power comes into play and not its quantity. Here we have an explanation of the mode in which our infinitesimals act, or rather of the possibility of their action. They enter into the realm of fluids which are inconceivably attenuated, somewhat akin to electricity. They have been eliminated from the bodies in which they dwell, and exercise a free power. The fact has been too often avouched to be disputed. Every homœopath knows, however he is unable to explain, the action of these small doses. The fact is so incredible that sometimes he is driven to deny it, or at any rate to explain it away. It is not, be it remembered, the opposite shock of opposed forces, where the result is in favour of the lesser. It is the modifying influence of two forces travelling the same road and extinguishing each other by negative and positive action, like two currents of opposite electricities. The advantages then of raising the empirical law of homœopathy into the deductive rank are manifold. From the properties of the nervous system and of medicinal action you can reason out the necessity and conditions of the law. You can appreciate its limits; by an exact knowledge of drug action you can predict results in a given case; you can show the necessity of small doses; and all need for an apologetic attitude will be over. Scientific medicine will be a fact, and unfounded claims to its possession will meet with their due reward.

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## **THE RELATION OF PATHOLOGY TO THERAPEUTICS.\***

By C. T. CAMPBELL, M.D., London, Ontario.

To say that a necessary pre-requisite to scientific therapeutics is a knowledge of the cause and character of disease may sound like a truism. And yet, our inexact modes of expression have given rise to the opinion that many of our

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\* Reprinted from the *American Observer*.

school consider a knowledge of pathology a secondary affair—that to them it is immaterial what the cause of the disease may be, or what its character may be, so long as they recognise the external symptoms it produces. I say this opinion is due to a lack of exactness and harmony in our forms of expression; for there is no doubt that our physicians are practically agreed as to the true value of pathology, and that they utilise the knowledge gained therefrom. But for the consideration of any who may really be disposed to ignore pathology, and for the benefit of those who assume that our school does so ignore it, I purpose submitting a few ideas as to what I conceive to be the true relation between pathology and therapeutics.

Diseases we can only know by their symptoms. But what are symptoms? and

#### WHAT ARE DISEASES?

A person has a high pulse, a hot skin, a pain in his chest, a cough and a rusty expectoration. Do these constitute the disease? No; they are only symptoms. His lung is hyperæmic from active congestion, and the air cells are filling up with coagulable matter; there is a condition existing called acute pneumonitis. Is that disease? No; these are only symptoms. Where and what, then, is the disease? It must be sought in the ultimate structure, the cell. There is an abnormal action of the cell wall; there is derangement of its attractive and selective power, and from this follow the results of the disease: inflammation, exudation, pain, cough, rusty sputa, all of which are only symptoms. Disease, then, is

#### AN ABNORMAL STATE OF ULTIMATE STRUCTURE,

which we are, as yet, able to recognise only through its symptoms, just as we can only recognise fire by its signs and effects. In rude classification, there are symptoms which may be called external, and those which may be called internal. We may call those external which are patent to the senses—which the physician can see and the patient can feel. Among internal symptoms, we may class those secondary pathological conditions affecting tissues, such as inflammation, ulceration, exudation, &c. Some of these internal symptoms can be recognised during life by the skilled diagnostician; some can only be detected by a *post mortem* search; while there are cases of grave nervous

disorder in which no internal symptoms can be found ; no secondary pathological state ; no connecting link between the disease and its external signs.

#### SCIENTIFIC THERAPEUTICS

requires a knowledge of all symptoms, whether external or internal, subjective or objective, abnormal structure, abnormal function, abnormal sensation. External symptoms alone will not suffice ; attention to aches and pains, aggravations and ameliorations, times and localities, is not enough ; nor should we be content with an investigation into what we term pathological changes. We require the

#### “TOTALITY OF THE SYMPTOMS,”

as Hahnemann termed it, and nothing less.

Anything short of this, is but guess-work. For example, take the following external symptoms : Quick pulse, increased temperature, dyspnoea, stitches, as with a knife in right side of chest, soreness in chest, cough ; mucus sputa, with streaks of blood. These are among the external symptoms of pneumonia ; and these are symptoms of *borax*. But how many cases of pneumonia have been cured by *borax* ? The article has not the internal as well as the external symptoms of pneumonia, and therefore is not therapeutically correlated to that disease, although a superficial observer might think so. Or, for another example, take the action of a corrosive poison. The brown stains on the lips and mouth, the vomiting of shreds of disorganised mucus, and of coffee-ground-looking substances, are symptoms of the chemical effect of *sulph. ac.*, but he would be very unwise who would attempt to cure with *sulph. ac.*, a diseased state in which he found these signs, for he would not be regarding the totality of the symptoms—those which are produced by the drug when diluted, and which are not dependent on chemical action.

It is the boast of many practitioners of our school that they place the most implicit confidence in the doctrines and

#### INSTRUCTIONS OF HAHNEMANN.

Let us enquire, therefore, what were the views of this great teacher of medicine on this point. “The physician must avail himself of all the particulars he can learn, both respecting the probable origin of the acute malady and the most significant points in the history of the chronic disease, to

aid him in the discovery of their fundamental cause." *Organon*, Sec. 5. Sections 206, 207, 208, 209 of the *Organon* point out the necessity for an elaborate search as to the cause of the complaint, as to any previous treatment, as to habits, as to occupation, regimen, &c., in fact to everything connected with the patient which may contribute towards "a perfect image of the disease"—the *tout ensemble* of the symptoms.

"The first duty of the physician who appreciates the dignity of his character and the value of human life is to inquire into the whole condition of the patient, the cause of the disease," &c.—*Chronic Diseases*, p. 152.

The necessity of attention to the cause in the treatment of disease is especially pointed out, as in note to Sec. 7, *Organon*. "It is taken for granted that every intelligent physician will commence by removing this *causa occasionalis*."—Chronic diseases, he tells us in section 204, ought to be treated by remedies appropriate to their originating miasm. On this subject, in the work on *Chronic Diseases* (p. 166), he speaks of a number of accidents which may interfere with treatment, and tells how these accidents are to be met, not according to symptoms, but to the cause. "Immoderate eating—the effects of which may be remedied by taking thin broth and a little *coff.*; derangement of stomach from eating fat meat, fasting and *puls.*; coldness of stomach, consequent upon eating fruit, *arsen.*; consequence of using spirituous drinks, *nux*; results of fright, *op.*; chagrin and fright combined, *acon.*; contusions and wounds from blunt substances, *arn.*; weakness from loss of blood and other fluids, *china.*"

He also impresses upon us the fact that the physical symptoms are not a sufficient indication of the remedy unless the mental condition corresponds. As, for example, when he points out that *acon.* seldom or never effects a permanent cure when the temper of the patient is quiet and even; or *nux* when the disposition is mild and phlegmatic; or *puls.* when it is lively, serene, or obstinate.—Note to Sec. 218, *Organon*.

But why go into details? Hahnemann's whole theory of chronic diseases involves this principle of treating the cause of the disease as well as the symptoms.

He takes care to assure us that, before his psoric theory was developed, the treatment of many chronic diseases by

himself and his disciples "was carried on by those drugs, the pathogenetic effects of which upon the health system corresponded most accurately to the existing symptoms, and had power to remove them for a time; \* \* \* and in this way a sort of cure was effected." But the remedies were insufficient for a complete cure, despite the similarity of the symptoms; not being anti-psorics."—Note to p. 15, *Chronic Diseases*.

Other medicines, even when chosen in accordance with the similarity of their symptoms to those of the disease, do not heal the above-mentioned chronic diseases as thoroughly and permanently as the so-called anti-psorics.—Note to p. 166. The medicine suitable for a psoric intermittent differs from that for one in which there is no psoric taint.—Sec. 252, *Organon*.

In psoric diseases we are told to "cure first the internal psoric disease, upon the principle *cessante causa, cessat effectus*."—Page 127.

For those chronic affections originating in syphilis, it will be noticed that he finds all the indications met by a very few remedies, chiefly *merc.*; while those from sycosis always and only require *thuja*.

I have quoted thus largely in order to give full effect to the authority of Hahnemann on this subject. And yet we may have heard of a few practitioners claiming to be

#### HAHNEMANNIANS PAR EXCELLENCE,

who assure us that the study of etiology is unimportant. Such men, Hahnemann tells us, are not intelligent, and do not appreciate the dignity of their calling. It is noticeable, however, that they practically contradict themselves when they prescribe *arn.* in chronic disease following injuries, even though no particular symptoms of that drug be present; or *merc.* when there is a syphilitic taint; or *thuja* in diseases of sycotic origin.

That there are cases where the simple external symptoms indicate the remedy is true. But when called to treat a disease, we cannot be certain that the external symptoms present the necessary *tout ensemble* until we have thoroughly examined the case, after the manner of Hahnemann. Consequently it follows that every case should be so examined, and that, without a perfect comprehension of the entire pathological condition, scientific therapeutics is an impossibility.

The relation of pathology to therapeutics can only be defined by a correct use of words. If, when we speak of pathological conditions, we refer only to internal functional and structural abnormalities, then pathology is neither more or less serviceable to therapeutics than what is loosely termed symptomatology. But if we take it as picturing the totality of the symptoms—external and internal cause and course of disease—then

**PATHOLOGY IS INDISPENSABLE TO THERAPEUTICS.**

The physician who confines his investigation to the mere external characteristics of the disease is as far from a scientific therapy as he who looks only for organic changes. To dull the sensitive nerve with narcotics, to open the constipated bowel with cathartics, to moisten the parched skin with diaphoretics—this is but symptom treatment, and at best can only be palliative. Curative treatment goes farther back to the *fons et origo mali*, and gives the remedy, whose primary action on the cell wall, as indicated by the train of symptoms it produces on the healthy structure, corresponds with the disease for which a cure is sought.

**CLINICAL OBSERVATIONS.\***

**A RADICAL CURE WITH *KALI BICHROMICUM*.**

BY DR. PROELL, OF NICE AND GASTEIN.

(Translated by S. LILIENTHAL, M.D., from *Allgemeine Homöopathische Zeitung*.)

A NORTHERN lady, twenty-six years old, was sent by her physician to Nice on account of her throat and chest affections. At a preceding consultation a high authority on physical diagnosis had said: "Whether she goes south or not consumption will soon finish her." The patient heard of it, and was therefore the more determined to try Nice. From her father she inherited excessive nervousity, anxiety at the least ailment, irritability, and tendency to spasm, and was of a tearful disposition. As soon as she caught cold, and this happened frequently, coryza and cough troubled her for a long time. Several years ago she suffered from a severe acute gastric and intestinal catarrh with ulcerations, for which she took very large doses of nitrate of silver. This ulcerative intestinal catarrh left

\* Reprinted from the *Hahnemannian Monthly*.

her with a great sensitiveness in the rectum and obstinate transient rheumatic pains, also a dangerous affection of throat and chest.

The patient is a blonde, small figure, steel-gray eyes, oxygenoid constitution; of gracile, but not phthisicky habit; face slightly flushed; nasal mucous membrane irritable, either dry or secretes copiously a yellow mucus; eyes now healthy, often catarrh in the corners; teeth all destroyed (mercurial sequela), so that she wears artificial teeth; tongue clear at the tip, which is covered with red points, the root of it covered with a thick yellow coating; mostly great dryness of the mouth, alternating with salivation; gums livid; mucous membrane of posterior fauces and pharynx covered with red granulations, interlaced with white streaks and reaching down to the œsophagus. These white lines alternate with red ones (strongly injected bloodvessels). A troublesome sensation of constant irritation, as from a foreign body in throat, sometimes severe burning and scratching; tonsils and soft palate somewhat reddened; taste sour, often metallic; appetite good; great thirst, drinks black tea thrice a day; stomach bloated, with sensitiveness, fulness, and pressure; vomits sometimes; liver and spleen normal, the region of the rectum sensitive to pressure; urine very acid; stool mostly very hard and defecation difficult (water injections cause pains and spasms, probably unabsorbed exudations from the time of ulcerations); dysmenorrhœa; pulse and skin normal. But the second principal seat of disease, or rather its localisation, appeared to be the right upper (anterior and posterior) part of the chest, where percussion gave a dull sound, especially below the right clavicle. In the apex of the right lung weak rattling murmurs; the same symptoms on the left side, only weaker; cough mostly dry, but troublesome, especially in the morning after dressing and late in the evening; sometimes thick, tough, white expectoration; sensation of heat and titillation in the larynx before coughing, making her restless and impatient.

Three months in Nice did not improve her much, though she took the full diet and was very careful not to expose herself unnecessarily. As the climate alone had failed to be of much benefit it was necessary to try other means, and as I considered the chief focus of her disease to be the abdominal mucous membranes, her diet was more re-

stricted; all alcoholic beverages were forbidden, she was advised to take nourishment more frequently but less at once, and to live especially on eggs and milk, some bread and butter, and once a day rare meat. To quiet her nervous irritability and tendency to spasms she took *ignatia*, fifth centesimal dilution, three times a day three drops, with good effect. Our radical remedy was *kali bichromicum*, fifth cent., three times daily (five drops in 100 grammes distilled water), every three hours half a teaspoonful). After two weeks slow and steady amelioration the tongue cleared up, the granulations in the throat diminished as well as the rheuma; features brighter, only the cough would not cease, though she took the tenth and thirtieth potency for three weeks. A more thorough examination revealed an old habit of hers, to sponge her chest with cold water every morning, and then to rub hard in order to bring on a reaction. I forbade this reactionary process on account of *ubi irritat, ibi adfluxus*. She kept on taking twice a day the thirtieth potency of *kali bichromicum*, and the cough left her and she returned hale and hearty to her Northern climate.

NOTE BY DR. LILIENTHAL.

January 6th, 1880.—A strong, hearty Irishman, of about thirty, came to the clinic and reported that during the day he is able to work and enjoys his breakfast and lunch, but for the last three years he has a complaint for which he has taken a great many remedies without any benefit whatever. He takes his dinner at 6 P.M., and about three hours afterwards he is seized with waterbrash, raises phlegm continually, vomits whatever food remains in the stomach, and rarely sleeps before midnight, as the phlegm chokes him; has cough, bowels rather constipated, stools hard and passed with some exertion. I had just read the case of Dr. Proell, and studied afresh this remedy. He received twelve powders *kali bichromicum*, thirtieth, with directions to take a powder morning and evening and report.

January 12th.—He reports alleviation the first night, and constant and steady improvement since. He can sleep immediately on lying down, and begs for some more powders in case the trouble should return. Twelve powders *kali bichromicum*, thirtieth, were given with orders to take a powder every second or third night, according to necessity.

HYDROPHOBINUM.

By E. W. BERRIDGE, M.D.

(1). *Provincial Medical and Surgical Journal*. Vol. i., p. 134.

By Mr. P. BENNETT LUCAS.

*Case of a Newfoundland dog.*

THE dog exhibited a heavy, dull expression, restless, walking continually as far as his chain would permit ; it would raise its head in an unconscious manner when spoken to, and when not roused it would keep it prone to the ground. It was every now and then gnawing, not *snapping*, at the straw, wood, earth, &c., by which it was surrounded ; it had a sullen appearance, and was perambulating its confines like the carnivorous animals in a menagerie.

*Post mortem.* The lining mucous membrane of the tongue and mouth was dry ; that part of it covering the fauces was highly vascular. The papillæ of the tongue were prominent, particularly at the base of the organ. The pharynx was slightly vascular, the œsophagus pale, the stomach very vascular all through ; the duodenum and large intestines were also very vascular. The gall-bladder was distended with bright yellow bile. The *nares* were highly inflamed, and beneath their mucous lining membrane blood was extravasated in four or five places, in patches. The mucous membrane of the cartilages of the larynx, particularly of the arytenoid cartilages, was highly vascular ; below the cricoid cartilage the mucous membrane abruptly assumed its natural appearance, and continued so to the bifurcation of the trachea, where it again became intensely red, and continued in this condition into the bronchial tubes and their ramifications. The lungs were highly congested. The interior of the right kidney presented no traces of organisation, but contained a dark grumous fluid ; the left was healthy. The bladder was firmly contracted, and did not contain a drop of urine. Both testicles were distended with semen, and their excretory ducts were beautifully convoluted and distended with semen. The *pia mater* of brain and cord was very vascular. The ventricles of brain contained a table-spoonful of serum. There was extravasation of blood beneath the right conjunctiva. The left conjunctiva was one sheet of red from vascularity, without any extravasation. The stomach contained straw, chips of wood, dog's meat and earth. A

dark tarry substance adhered to the duodenum and to the upper part of the jejunum ; the ileum was empty ; the colon and rectum were filled with a tarry substance similar to that found in the small intestines.

*Case of a boy.*

*Post mortem.* Intense\* of the mucous membrane covering the rima glottidis and upper extremity of the larynx, and also at the bifurcation of the trachea ; the portion of the trachea between these two points being perfectly healthy. The stomach was very vascular. The urinary bladder was intensely contracted.

(2). *Provincial Medical and Surgical Journal*. Vol. i., p. 44. M. Breschat's report, read before the Academy of Sciences, Paris, September 21st.

A dog inoculated with the poison was seized with furious rabies on the 38th day. In general it appears from the 20th to 30th day after the bite, but sometimes after three months. In a few cases aversion to water is absent. *An electric current passed through the wound of inoculation by means of a metallic wire connected with one pole of a galvanic pile in action, the other end of the wire being in contact with some other part of the animal, dissipates all the symptoms.*

[Apparently from the report this occurred in birds, in which death followed inoculation without the usual symptoms of rabies. The experiment was first performed by M. Pravaz.—E. W. B.]

The *post mortem* appearances are as follows : The isthmus of the throat, the velum palati, the pharynx and œsophagus, were sometimes found of a rosaceous tint, but more often of an intense red, bordering on violet. A frothy secretion, similar to that of the respiratory organs, covered all these surfaces, and descended to the origin of the œsophagus. The distension of the capillary vessels of the lungs with black blood was very marked. The vascular network of the *pia mater*, of the circumference of the brain, of the interlobular intervals, has been frequently found injected. The cellular tissue of the *pia mater* has been found distended with a sero-gelatiniform matter, chiefly over the course of the principal arteries. The lungs are always more or less

[\* NOTE.—A word is here omitted in my MS. which I am at present unable to supply.—E. W. B.]

injected ; one of the most frequent alterations is that of the mucous membrane of the air-passages, which consists of a red tint, sometimes violaceous, and verging to brown in the bronchiæ, and occasionally in the trachea. Emphysema of the cervical region, and especially of the lung, has been often remarked. The trachea, bronchiæ, posterior fauces, and pharynx, contain the frothy secretion in abundance.

(3) *Provincial Medical and Surgical Journal*. Vol. 1., p. 196.

By Dr. W. V. PETTIGREW.

1. J. P., aged 47. *Post mortem* after 20 hours. The body seemed more rigid than usual, and a very dark appearance of the muscles was observable through the skin. Upon the skin being raised, every muscle of the body appeared of the deepest crimson, and overcharged with blood, and most of the viscera—the liver, spleen, lungs, and kidneys were of the same color and condition. With the exception of some coagula in the ventricles, the blood was uncoagulated in every part of the body, and in the larger arteries was found staining their inner surfaces. The arm being examined, a point of discolouration resembling the ecchymosis resulting from a leech-bite was observable under the skin on the left thumb. From this evidence of the bite of the cat, the nerves were traced up the arm to the axilla, and found to be quite healthy in appearance ; a small twig under one of the discoloured points was thought to be greatly reddened, but it could hardly be considered as evidence of the inflammation of the part. The *dura mater* had strong adhesions to the calvarium, and the membrane showed more than usual vascularity. Between the *tunica arachnoides* and the *pia mater* there was some effusion, and minute portions of coagulable lymph were floating in it. In certain parts the *tunica arachnoides* was opaque ; the vessels of the *pia mater* were full of blood : upon cutting into the hemispheres of the brain the vessels were more conspicuous than usual, the bloody points appearing very numerous. The lateral ventricles contained about  $3\frac{1}{2}$  ozs. of fluid, and the substance of the brain was in general of a soft consistence. At the base of the brain, the investing membranes over the *pons varolii* and the *medulla oblongata* were highly injected, and bright red ; they adhered with great firmness to the parts they immediately covered, but these parts when cut

into were quite healthy. The membranes investing the origins of the 8th and 9th pairs of nerves were gorged with blood. The vessels of the spinal cord seemed fuller than ordinary. The papillæ of the tongue were much enlarged. The mucous membrane covering the frænum was healthy, with the exception of a few glandular enlargements: the upper part of pharynx slightly inflamed; the œsophagus presented several white seed-like glandular enlargements, and was bluish. The stomach contained a little mucus; it was considerably inflamed near the cardiac extremity, and at the lower part of the smaller end the surface was abraded, the vessels being distinctly visible, ramifying minutely at this spot. The duodenum was strongly tinged with bile, and slightly inflamed. The jejunum was inflamed. The gall-bladder was full, and its ducts pervious. The spleen was enlarged and gorged with blood. The kidneys were more than usually injected with blood, and vessels were observed ramifying on their pelvis. The bladder was found strongly contracted. The trachea was inflamed, particularly between the rings; a similar condition existed in the bronchiæ and their termination. The pleura was healthy, but contained a pint of fluid. The lungs were gorged with serum, and blood, and sputa. The substance of the heart was softer than natural, and the right side contained several coagula; the left auricle was of a deeper colour than the right; the aorta was of an uniformly high red colour, which increased in depth as it approached nearer the heart, and the pulmonary artery of a deeper hue; but this appearance of the arteries seemed due to *post-mortem* staining by the fluid blood.

2. G. G., aged 18. *Post mortem* in 20 minutes [? hours.—E. W. B.] The external surface where the muscles were in greatest bulk was rather darker than usual. It was particularly observed in the calf. On cutting into these muscles, they were all found to be full of blood, and much darker than usual. The *dura mater* adhered with great firmness to the skull. The longitudinal sinuses were empty; a small quantity of blood was seen in a fluid state in some of the large veins leading to the sinuses. The hemispheres of the brain had a milky-white appearance on the removal of the *dura mater*, and this was observed to be greatest in the intergyral spaces between the convolutions; the general milkiness of the membranes disappeared in some degree upon exposure to air. The membranes were

much less injected with blood than could be expected. The substance of the brain was very firm, and less vascular than ordinary; there were fewer bloody points from division of vessels than usual. Between two and three drachms of fluid, not bloody, were found in the ventricles. The *plexus choroides* was turgid with venous blood, and the vessels in the left ventricles were much fuller than these of the right. The pineal gland contained no sabulous matter, but was very tough in its substance, and did not break down under the pressure of the fingers as usual. The greatest vascularity observed throughout the brain was of the *pia mater* over the *pons varolii* and *medulla oblongata*. Here the vessels were highly injected with arterial blood, particularly on the right side, and they were very strongly adherent to the parts beneath. The membranes over the optic nerves and the *crura cerebri* were also very vascular. The absence of vascularity in the brain generally was remarkable, and not a drop of fluid was found at the base. The lateral sinuses, like the longitudinal, were empty. The muscles of the neck were dark, and fuller of blood than usual. The papillæ of tongue were very large, particularly at the root. Tonsils much enlarged, but not vascular. There was slight redness at the bifurcation of trachea. The inner surfaces of larynx and trachea were smeared with a dark fluid, which appeared to be a portion of a dark bilious fluid, a small quantity of which was found in the stomach, and of which a considerable quantity had been vomited, prior to death. The lungs contained an unusually small quantity of blood. The pericardium contained about  $\frac{1}{2}$  oz. of a light straw-coloured fluid. The left ventricle was empty, firm, and thick; and its substance of a dark colour; the right ventricle had some small portions of coagula. The gall-bladder was distended with bile, perfectly black. The stomach was very much contracted, and on opening it, it was found to contain about 4 oz. of a greenish fluid. The *rugæ* were very strongly marked, and the glands about the cardia and pylorus unusually conspicuous, and contained a whitish deposit, giving them a strumous appearance. The mesenteric glands were much enlarged, and the pancreas was more firm than usual. Slight redness towards the pylorus. Intestines were distended with air, and looked very dry. The whole of the descending colon and rectum were powerfully contracted; there was also a contraction in the centre of the transverse arch of the colon. The urinary bladder was very firmly

contracted, and as hard to the feel as a dense fleshy mass; the muscular fibres were observable through the peritoneal covering firmly contracted. The penis was in a state of tension that might be considered semi-priapism:

The bite in this case was on the right palm.

(4) *Provincial Medical and Surgical Journal*. Vol. i., p. 227.

By Mr. JONATHAN TOOGOOD.

A BOY, aged 12, was bitten slightly under the left eye by a dog. August 31st, about six weeks after the bite, he felt indisposed, and refused to take his supper, but was persuaded to drink some warm cyder. On getting into bed he shuddered considerably. On the morning of September 1st he refused to take his tea, though he complained of thirst, and stated his surprise that he could not swallow. He took, however, a little bread and butter. About noon on this day he was found to be affected with slight headache, slight sickness at stomach, and a spasmodic convulsive affection of the muscles of the throat. The countenance was anxious, the tongue white, the pulse frequent, and the skin hot. On offering him a glass of water he was seized with a violent convulsion of the face, head, throat, and trunk of the body whilst attempting to bring the glass to his lips. After repeated attempts to swallow, each of which was attended with a degree of shuddering and horror, he succeeded at length in taking a spoonful into his mouth, but was immediately seized with a spasmodic affection of the throat, threatening suffocation. He took 3 grains of *tartar emetic*, which caused vomiting and purging. In the afternoon all the symptoms were increased. The spasms were induced by slight causes, such as an agitation of the bed-clothes. The pulse was 110, and there was much thirst. On September 2nd, at 10 a.m., the boy was found sitting up in bed, the countenance flushed and the skin hot. The sight of the water, of the spoon by means of which it was intended to inspect the fauces, a draught of air, the rapid motion of any object near the face, the opening of the window—all induced immediate spasmodic catching motions of the face, neck, and arms, and a sort of swinging movement of the trunk of the body. Occasionally these convulsive movements took place spontaneously, without any apparent external cause. Articulation was sometimes easy and

distinct, but sometimes difficult, agitated, hurried, with hesitation and a spasmodic effort. The countenance denoted great anxiety. The patient always sat up in bed. The tongue was protruded easily and was whitish. Pulse 120. Hæmorrhage from the nose had occurred. 30 oz. of blood were taken from the arm. About 5 p.m. every symptom appeared in an aggravated form. The countenance was suffused, except about the nose and upper lip, which were preternaturally white; the eyes started and were glossy [? glassy—E.W.B.]. There was an expression of anxiety, amounting to agony. A quantity of mucus and saliva now collected constantly in the fauces and on the tongue, which he protruded out of the mouth in a hurried manner, and seemed anxious and impatient to have removed (*sic*). The sight of this frothy fluid seemed indeed to aggravate all his sufferings, and he requested repeatedly, in an eager and impatient manner, to have it removed by means of a handkerchief. This he sometimes did himself too, with the same impatience, until at length the lips presented an abraded surface. The body, arms, &c., were now almost constantly affected with strong spasmodic affections; sometimes he requested to be held still. The respiration became frequent; the hands and feet were cold and clammy; pulse 160, and small. At this time he attempted to get out of bed to go to stool, in doing which the motions of the body and limbs were rapid, hurried, convulsive, and, apparently, little under his control. The sight of water, &c., still induced the same painful effects as before. There were occasionally moments of delirium, but in general he was rational and sensible to external objects, and recognised the bystanders. He had been occasionally much exasperated at his mother, whom he had hurt on the hand, by the finger nail; in general he manifested no disposition to hurt or bite anyone. About 8 p.m. the countenance appeared fallen, the surface was cold, the pulse imperceptible. There were still constant but feeble spasms, and still the protrusion of frothy mucus from the mouth. There was at this time a constant muttering delirium; the voice had become inarticulate. Soon afterwards he assumed the supine recumbent posture, the spasms became still feebler and smaller, and confined to the mouth, throat, and neck; the eyes were opened and unfixed, the pupils throughout the disease were unusually dilated. In this state of debility and feeble spasmodic

agitation he remained for a short time, and died 48 hours after the first symptoms.

During the attack the boy complained of pain in the region of the bite.

(5) *Provincial Medical and Surgical Journal*, 1842.

Vol. 3., p. 442.

Extracts from *Bulletin Therapeutique*.

A man, who had been bitten by a mad dog, was seized with rabies twelve months afterwards. He was bled to 32 ozs., and took large doses of *opium* during 24 hours, which only made him stupid. The *veratrum cevadilla* was given in doses of 12 grs. at 9 a.m. The sense of heat and burning in stomach was increased; 16 ozs. of blood were taken by cupping from behind the ears. At 1 p.m. he complained of weakness, constriction, and burning heat about the throat, and difficulty of breathing; at 3 p.m. he had another attack of suffocation; at 10 p.m. he was tranquil, and slept for three hours, and was able to drink some fluid; he complained less of the epigastrium and throat. He recovered.

(6) *Lancet*, 1864. Vol. 1., p. 25.

By the Liverpool Correspondent of the *Lancet*.

A boy, aged 15, was bitten over the eye by a dog. Five weeks after, on December 12th, he complained of having felt ill all day, and that the side of the face where he had been bitten was numb and hot. That night he had great difficulty of breathing, and felt as if he should choke. The symptoms which followed were characteristic:—a succession of fits, during which he barked like a dog and foamed at the mouth. In the intervals he was sensible, and always on returning to consciousness, anxiously enquired of his mother if he had bitten her, as he thought all the time he was in the fit he was worrying her. He could neither bear the door to be opened nor the sight of water. The fits succeeded each other more rapidly, and he died.

(7) *Lancet*, 1864. Vol. 1., p. 507.

From the Liverpool Correspondent of the *Lancet*.

A man, aged 40, was bitten close to the wrist in October. On April 18th, nearly six months after, he did not feel well, and on 19th was admitted into the Southern Hospital with

all the symptoms of hydrophobia. The inhalation of chloroform caused violent spasms. At 7 p.m. the thirst and desire to clear the throat had become greater. At 10 p.m. the thirst and constriction about the throat were more intense. He died about 86 hours from the commencement of the attack.

(8) *Lancet*, 1864. Vol. 1., p. 733.

From the Liverpool Correspondent of the *Lancet*.

Two other fatal cases reported. The cases were characterised by a peculiar susceptibility about the pharynx and upper part of windpipe, which, as it increases, gives rise to constant efforts to clear the throat, and in doing so to the peculiar noises which are sometimes heard.

(9) *London Medical Gazette*, 1837-8. Vol. 1., p. 73.

By Mr. FREDERICK CHARLES JONES.

About five weeks ago, E. L., aged 26, was bitten by a dog in the cheek and upper lip; the wound on the lip was immediately excised. On September 23rd, in the evening, after drinking two or three pots of beer (his habits are temperate), he was seized with a fit of vomiting, and loathed the sight of meat.

September 24th. Was very unwell all day, and in the afternoon fell into a deep sleep, from which there was some difficulty in waking him. No spasms, but had a restless night.

September 25th. In the morning spasms took place, and he grew worse. No stool.

September 26th. Was taken into hospital at 9 a.m. At 9.45 a.m. a turpentine enema was given, the greater part of which was retained. At 10.15 a.m. his pulse was soft, slow, and irregular; feeling of great lassitude; could drink no water, but took a tablespoonful of milk; sense of constriction of the throat; voice feeble, and when speaking it resembles a loud whisper; skin moderately warm, extremities cold; pupils dilated; countenance anxious. On the approach of anyone a slight spasm takes place, and he appears as if being choked. At noon symptoms were much aggravated; tongue slightly coated, but moist: breath of an acid odour; every two or three minutes was seized with spasms, characterised by violent and gasping efforts at respiration. A high degree of nervous irritability was apparent, and was increased by the

presence of visitors, and even by light, so that he kept his head turned from the windows and his eyes closed. *Carbonate of iron* was ordered, and the spine rubbed with *cantharides*, followed by a *belladonna* plaster. While these preparations were being made the spasms became more frequent, and were excited by the most trivial causes, such as opening a door, the movement of a person about the room, &c., owing probably to the vibration of the air upon the face. Even flies seemed to cause him much annoyance. About 2.30 p.m. he slept for three-quarters of an hour. At 5 p.m. he complained of great prostration of strength; the spasms were greatly increased in intensity; tongue moist; pulse 54, irregular and intermittent; skin rather warm; no pain in the lip, but had the sensation of a ball rising in the throat; when he spoke it was with great exertion, and like a man out of breath; quite sensible; has passed rather high-coloured urine three or four times. At 7 p.m., getting rather more restless; pulse 84, sharp; tongue dry; mouth parched; skin hot, but no sweat. Once, when taking the bolus of iron, he experienced great difficulty in swallowing, in consequence of the flatus meeting the substance passing into the œsophagus. Pulse, while I was writing the above, sunk to 64. He appeared very much convulsed, and could not bear anyone to stand before him, but did not mind my standing at his back. At 10 p.m. he was more convulsed. Gave 3 grains of *chloride of morphia* every thirty minutes, and the *cantharides* and *belladonna* applied also to the chest and region of diaphragm; pulse 54, but rather full. He was more restless; could not bear to have the candle brought into the room; his voice, however, was more natural, and there was no rigidity of the muscles. His cries were loud and frequent, and he did not like anyone but his wife to come near him.

September 27th.—Has been restless, but quieted by the *morphia*. At 5 a.m.: Has passed a quiet night on the whole, crying out, however, at intervals. Pulse 68; said felt better, but rather sick. Asked for a cupful of milk, but swallowed with difficulty. No stool since admission into hospital [possibly the effect of the *morphia*.—E. W. B.] At 7 a.m. getting more restless; pulse 80; tongue dry and furred; urinated freely; skin hot; but no sweat; felt no pain, only a weakness at heart. At 8 a.m. asked for some water; took 2 oz., but immediately jumped up in bed and

appeared choking. Pupils contracted [? effect of *morphia*.—E. W. B.] ; spasms more violent. At 10 a.m. was very violent ; when Dr. B. entered the room, jumped out of bed in a frantic manner, but apparently without any definite object. No persuasion could induce him to return, till at length he promised to do so if left alone. The experiment was tried, but no sooner had all parties retired than he bolted the door, made a rush at the high wooden railing which separated him from the windows, and before an entrance through another door could be obtained, thrust through two squares of glass over the railing which he had forcibly torn away. His wife succeeded in inducing him to return to bed. His limbs were now secured ; the confinement excited him much at first, but he gradually became reconciled to it. He was particularly anxious, however, that only one person should enter his room at a time. At 11 a.m. tongue was parched, skin moist ; pulse 86. Has had no stool. Hallooed out very loudly in a deep hoarse voice ; after each paroxysm he became very low ; his countenance was expressive of great anxiety, and his manner extremely irritable. He was decidedly much worse. At 12.30 p.m., still keeps crying out, and asks for milk, but cannot bear the sight of the cup, which he directs to be kept under the bed. The fluid makes him sick, or rather is forcibly ejected from his gullet. *Morphia* has been continued. Skin moist. Voice is becoming thicker, the breathing more laborious, and the feeling of oppression much increased. The pulse 140 after the paroxysms, but he expresses no more horror at liquids than of anything else he is requested to swallow. He bit a piece out of an apple, but was unable to masticate it. At 1.45 p.m. the angles of his mouth were continually elevated and depressed ; eructation, accompanied by a noise slightly resembling the howl of a dog ; very much convulsed ; face very livid ; eyes have an upturned expression ; breathing about eight times a minute ; pulse 180, small ; contraction of the occipito-frontalis muscle ; chest heaving ; breathing very laborious ; changing rapidly for the worse. The tobacco enema cannot be administered on account of his violent spasmodic movements. Pulse hardly perceptible. Appears perfectly unconscious of what is taking place, but seems to have some idea of a pleasing nature, for now and then the countenance assumes a serene smile, evidently not due to convulsive contraction. Pupils strongly contracted, and insensible to

light; conjunctiva much injected. At 2 p.m., pulse 195; twitching at the bed-clothes, and pulling his neck about very much. All the bad symptoms much worse. From this time till his death at 3.20 p.m., his pulse was continually varying. He died comatose, and immediately after his death his pupils were observed to be very much dilated. No blood could be obtained from the arm after death at first; but in half an hour some serum flowed, followed in three or four hours by much blood.

## REVIEWS.

*Transactions of The World's Homœopathic Convention, 1876.*

Two vols. Philadelphia: Sherman & Co. 1881.

THESE two splendid volumes, containing 1,100 pages each, come to us several years later than was originally anticipated—a result due to the death, very soon after the proceedings of the Convention terminated, of its widely esteemed president, Carroll Dunham, and the prolonged illness of the secretary, Dr. M'Clatchey. Hence, the work of editing has been done by Dr. Joseph Guernsey. It has been a work of great labour, and the excellent way in which it has been performed is ample evidence of the devotion of the editor.

To review a book of this character is scarcely possible. We can but barely describe its contents.

The first volume, after sundry details of a purely business character, opens with the eloquent address of the president. Then follow papers on *Materia Medica*, including one by Dr. Sharp, of Rugby, on the Foundations and Boundaries of Modern Therapeutics; A Memoir on *Arnica*, by Dr. Goubeyre; an Essay on *Apis Mellifica*, by Dr. Goullon, Junr.; one on *Mezereum*, by Dr. Gerstel; on Hydrocyanic Acid in Epilepsy, by Dr. Hughes; on *Curare*, by Dr. Pitet; and others on general topics connected with the subject of *Materia Medica*, by Dr. Pellicer y Frutos, Dr. David Wilson, Dr. Navarro, and Dr. Conrad Wesselhoeft. Next, we have full reports of the discussions, in which Dr. Sharp's paper is especially assailed by Dr. Lippe and Dr. Farrington. The speeches in discussion are really additional essays on the questions taken up in the original papers.

In the department of Clinical Medicine, several valuable essays appear, while the discussions on pneumonia and diphtheria are especially interesting.

The department of Surgery is, as might be expected from a Convention in the United States, particularly full. Ophthalmic

subjects are discoursed on by Dr. Norton, of New York, and the late Dr. Woodyatt, of Chicago; those relating to the ear, by Dr. T. P. Wilson, of Ann Arbor, and Dr. Houghton, of New York; while Dr. Helmuth considers the influence of homœopathy upon surgery in a very elaborate essay, in which he brings together a large number of observations from his own experience and from the records of others, showing the advantages of homœopathy in the treatment of diseases generally regarded as surgical. Dr. Bojanus, a Russian surgeon, contributes a paper on Uro-Lithiasis; Dr. Beebe, one on Tumours; Dr. Franklin, one on Gunshot Wounds; Dr. M'Clelland, one on Syphilis; Dr. Minor, one on Varicosis; and Dr. Jenney, an interesting case of Gunshot Wound of the Skull. The discussions which follow are chiefly limited to the consideration of syphilis and tumours, and several of the speeches are replete with interest and instruction. The remaining essays are on the diseases of women.

The second volume is occupied with a history of homœopathy in the different countries of Europe and in the United States. A large amount of extremely interesting matter is brought together in these essays. They give one a very fair idea of the immense progress which homœopathy has made in all parts of the world, in spite of an amount of opposition, the extent and intensity of which it is impossible to calculate.

Never do we remember seeing two volumes of greater interest to the homœopathic physician, or essays which may be read with much greater advantage than those contained in the work before us.

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*The Homœopathic Physician: A Monthly Journal of Medical Science.* Philadelphia.

THIS recent addition to the periodical literature of homœopathy is, we believe, intended to supply the void created by the sudden demise of the Anglo-American Journal, called *The Organon*. Its articles are of much the same quality, its sneers at all physicians who do not believe in the marvellous efficacy of C.M.'s fully as contemptuous as were those of its predecessor.

Of the medical men who took part in the International Homœopathic Convention the modest editor says, they "have never practised homœopathically," and, "for the most part," they "know nothing of the homœopathy of Hahnemann." The moral they seek to derive from the proceedings is "the great necessity for the *International Hahnemannian Association*."

English practitioners who like literature of this type may be interested in hearing that Mr. Heath, of Ebury Street, is the agent for its sale.

## NOTABILIA.

THE MEDICAL PRESS ON THE ADDRESSES AT THE  
MEETING OF THE BRITISH MEDICAL ASSOCIATION.

DR. BRISTOWE and Mr. JONATHAN HUTCHINSON have, by their exhibition of common sense and, as things go, liberal views on the question of meeting homœopaths in consultation, stirred up a large amount of feeling among the more narrowed minded section of the profession. The *Lancet* has been especially exercised. The idea of such opinions being so much as mooted at a large professional meeting has been an extremely sore point. Only a few weeks ago the editor counselled the Association to re-endorse the resolutions of 1851. The reply to this was their practical repudiation by two members of the Association, "universally recognised," we are told by the *British Medical Journal*, "as two of the ablest, most deeply read, most philosophical, most acute, and most cautious representatives of medicine and surgery." That two such men should so reply to the silly bigotry of the *Lancet* was, we admit, a somewhat severe blow.

In an article, on the 20th August, the editor kindly says that he does not wish to call us "knaves and fools." Such, indeed, was often enough the language of his predecessor in the editorial chair; but so great has been the progress of education in our midst, that even the editor of the *Lancet* has learned that "medicine in its most rational and effective forms is imperfect enough to make us modest, and to lead us not to call each other names." After this exhibition of mildness, he continues—"Yet we maintain that the history of homœopathy is the history of a delusion and a conceit." It is very easy to assert anything, however contrary to fact, but to prove that homœopathy is either a delusion or a conceit is simply an impossibility. No one has ever succeeded in doing so yet, though a goodly number have tried, and no one ever will so succeed!

The British Medical Association is not only a Society for the discussion of all subjects bearing on the science and art of medicine, except homœopathy, and a large trades-union, but it is the proprietor of a medical journal which competes with the *Lancet* for professional patronage! The fact that homœopaths had been favourably spoken of at one of its meetings, and that the journal of the Association had not, during the two succeeding weeks, repudiated the opinions expressed, gave the *Lancet* an opportunity for a little self-glorification which, it was probably hoped, might re-invigorate its circulation and take some of the sting out of the existing competition. Hence, on the 27th August, the editor attributed the opinions expressed by Dr. Bristowe and

Mr. Hutchinson to "a very deep and well concerted scheme laid by the Council of the British Medical Association, or those who govern the council, to reverse the ethical principle which has regulated the attitude of the profession in all civilised countries towards homœopathy." There was not the slightest reason for supposing anything of the kind ; but to circulate such a notion might have the effect of weakening the confidence of some members of the Association in the so-called orthodoxy of their journal, and lead them to look once more to their discarded *Lancet* to sustain their prejudices and foster their bigotry. A week later, and the President of the Council repudiated all knowledge of the intentions or opinions of Dr. Bristowe and Mr. Hutchinson ; and a fortnight after the *Lancet* admitted that its "fear never was very great that any considerable number of the practical members of the Council ever gave the sanction of their authority to the practice of consulting with homœopaths." One would have supposed that the suggestion that there had been, on the part of the Council, a "very deep and well concerted scheme" to promote this very end, did shadow forth some "very grave fear" indeed ! Anyhow, the suggestion in question had a three weeks run before its contradiction was announced in the journal that made it. That was something. Having in this manner admitted the groundlessness of its "suggestion," the editor goes on to claim the gratitude of the Council and to express its assurance that it has that of the members of the profession for its "prompt repudiation of the views of Dr. Bristowe and Mr. Hutchinson." "Short's your friend, not Codlin" is the moral the *Lancet* here appears desirous of impressing on those who do not take it in as they once did !

This same article shows also some advance in education on the part of the editor. He thinks that licensing bodies are properly prohibited from imposing an obligation on candidates to adopt or refrain from adopting the practice of any particular theory of medicine or surgery. A few short years ago and this same *Lancet* insisted on the duty of all corporations refusing diplomas to candidates known to be intending to practise homœopathy ! The world evidently moves, even in the Strand !

In the *Lancet* of the 17th ult., a considerable portion of a leading article is devoted to an endeavour to convince its readers that there are no homœopathists now-a-days, or, at any rate, only "about a dozen !" The authority that our numbers are thus reduced is "a friend" of an anonymous correspondent, who describes him as "a man who practises strict homœopathy." Who the person is who is responsible for this statement we know not. Someone, we presume, who regards himself as a very superior person—some one who considers his conception

of homœopathy the only one possible for an intelligent man to entertain !

“Homœopathy,” the editor infers, “has been played out. Everything is conceded, by those who practise it, but the name.” He further alludes to the injudicious letter addressed some years ago by Dr. Wyld (who happened at the time to be one of the Vice-Presidents of the British Homœopathic Society) to Dr. B. W. Richardson, and says that in it Dr. Wyld “admitted practically all the *Lancet* said about the system and those who profess it without practising it.” Whatever may have been Dr. Wyld’s indiscretion, this is a gross misrepresentation of what he did say.

What are the facts ?

1. Homœopathy consists in a principle of drug selection of well nigh universal application in the treatment of disease by those who have a sufficient familiarity with the *Materia Medica*.

2. A knowledge of the effects of drugs is obtained by experiments made with them upon healthy human beings.

3. The dose of a homœopathically indicated remedy must be smaller than one sufficiently large to induce its physiological action.

These principles are held to be true by a very large, an increasingly large, number of medical men. The confession that they are true involves that exclusion against which Dr. Bristowe and Mr. Hutchinson protested. The discussion and illustration of these principles is denied by the medical press, hence the existence of journals, especially and by title devoted to these objects. These principles, though partially put into practice in some hospitals, are so in a more or less dishonest manner—in a way calculated to obscure them. Hence, the existence of hospitals in which they are put into practice—hospitals known as such by the name they bear. Facts derived from these principles are taught in some medical schools, but the principles themselves are not so much as mentioned, much less expounded to students. Hence, the existence of a school, the very name of which tells the student where he may learn what homœopathy is.

Any man, who, believing in these principles and endeavouring to put them into practice, denies that he is a homœopathist, is to our thinking, a good deal of a coward. The persons who mislead the public are the men who deny the truth of homœopathy, when speaking and writing, and practise homœopathically as far as they know how to do. There are, we have reason to believe, a very large number, an increasingly large number, of medical men who thus mislead the public, in order to keep on good terms with their medical brethren, and secure for themselves the “good things” of the profession.

When the principles we have set forth are admitted to be valid and true, and receive proper consideration in hospitals, societies, schools, and journals, then there will be no necessity for describing our institutions as homœopathic; until that time arrives, however, the title is alike wise, correct, and essential.

*The Medical Times and Gazette*, of the 17th ult., has an article, entitled, "*Hahnemann, Homœopathy, and Homœopaths.*" This was admirably replied to by Dr. J. S. Clarke on the 24th. One or two passages we also must quote. "There is not a single remedy," says this intelligent editor, "except among those which act only locally, as by irritating the skin or the bowels, which produces the same effect as does disease, and at best the resemblance is of the most remote and superficial description!" How about *strychnia* and *tetanus*? How about *arsenic* and *cholera*? The similarity here is so great, both in the symptoms during life and in *post mortem* appearances, that Virchow has dwelt upon the difficulty of distinguishing the conditions produced by drug and disease.

"The proof and test of the value of a remedy in a given form of disease is," we are told, "experience and experience alone." This is perfectly true. Apply this test to homœopathically selected remedies, and the proof that homœopathy is true is provided.

"That the physiological effects of a drug as ascertained by experiment and observation, are of incontestable value as an aid to its application in practical medicine, no one will seek to deny." That no one does now deny this, is entirely due to Hahnemann. He it was who first of all worked out this method of drug investigation. The results which have followed this method, have led to its general adoption to-day. The plan pursued, too, is simply that described by Hahnemann, *plus* the use of instruments of precision invented since his day.

Referring to the comments made by homœopathic journals on the addresses, the editor says: "The tone is that of conquerors all round—a tone which is probably premature, certainly unpleasant and thoroughly misleading." It is not, we may remark, in such addresses as those of Dr. Bristowe and Mr. Hutchinson that homœopathsists see their victory. They can and do congratulate these gentlemen on their being able to rise superior to the bigotry of their colleagues, and on their not condemning a therapeutic method without taking some pains in making an effort, however imperfectly, to understand it. Where we do see the assurance of the ultimate triumph of homœopathy is in the general adoption of Hahnemann's method of drug investigation, in the popularity of such text books of *Materia Medica* as those of Dr. Ringer, the *ci-devant* homœopath Charles Phillips, and Dr. Bartholow. More than seven-tenths of the therapeutic

advice given in these volumes has been derived from the practice of homœopathy. A few years more and this proportion will increase; a little longer, and, the dust being wiped off the eyes of the profession by more frequent intercourse with homœopaths, it will be made apparent where all this teaching came from, and where more of the same sort may be found, and then will be the triumph of homœopathy. For this we can wait, doing our best to hasten it by teaching and writing.

We have just had handed to us a bound pamphlet, issued by Messrs. Savory and Moore, the well-known chemists, and entitled *New Remedies and Special Preparations by Savory and Moore*. Among these we find "Tinctures prepared at the suggestion of Dr. Phillips, and mentioned in his *Materia Medica*." This list consists of *pulsatilla*, *hydrastis*, *staphysagria*, *actæa racemosa*, *cocculus*, *sanguinaria*, *thuja*, *kamala*, *colocynth*, *bryonia*, *ignatia*, *spigelia*, and *rhus*; and immediately afterwards Savory and Moore "call attention" to "other important non-official tinctures," in which list we find *gelseminum*, *hydrastis*, *hamamelis*, *phytolacca*, *sanguinaria*, *xanthoxylum*.

That such a long list of remedies, unknown till homœopathy pointed out their value, should be so far recognised by the old school as to be advertised by Savory and Moore, is a fact which speaks volumes, and requires no comment.

These articles show a great deal of ignorance of what homœopathy is, though less so perhaps than existed a few years ago. If the readers of these journals do desire to know something of Hahnemann and homœopathy, we may inform them that they have now an opportunity of doing so without much trouble. On Tuesday next, at 4 o'clock, there will be a lecture delivered at the London Homœopathic Hospital, on *Hahnemann as a Medical Philosopher*; on Thursday, at 5 o'clock, *On the Principles of Drug Selection in Prescribing*; on the day following, at the same hour, on *The Scientific Aspect of Homœopathy*; on Monday, the 10th, at the same hour, on *The Study of the Effects and Mode of Action of Drugs*; and on the following Thursday, on *Posology in Relation to Homœopathy*. At these lectures all medical men will be heartily welcome.

The recent discussions on the subject of homœopathy render it more imperative than ever that medical men should possess themselves of an intelligent knowledge of its principles, and we trust that the present opportunity will be largely made use of.

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#### THE MELBOURNE HOMŒOPATHIC HOSPITAL.

The followers of Hahnemann are numerous in Victoria, and it is now some years since the believers in homœopathy founded a dispensary for out-patients in Collins Street. It was soon found

that a very urgent necessity existed for providing for the accommodation of in-patients; and in 1876 a building was procured for the purpose in Spring Street, and the hospital has been in existence ever since. In the course of a year or so, the accommodation became so limited that it was determined to make an effort to build a hospital that would be sufficient for the requirements, for many years to come, of those who preferred the homœopathic treatment. It may be remarked that during the time the hospital in Spring Street has been in existence nearly 14,000 patients have been treated, and in 1879 there were no less than 7,594 consultations. The committee, impressed with the necessity of another building, applied to the Government for a site, and received a most favourable reply. The Chief Secretary granted a piece of ground on the St. Kilda Road, and further gave an assurance that the institution would be entitled to share in the vote to the other charitable institutions as soon as a certain sum had been collected. The site secured is on the St. Kilda Road, between the military barracks and the Immigrants' Home hospital, and the committee, on obtaining it, entrusted Messrs. Crouch and Wilson, architects, with the preparation of a design, which was adopted. The building, when completed, will present a very handsome appearance. It will be a two-story brick building, in the early English style of architecture, and will, when finished, cost £8,000; but only what is termed the administrative block, and one wing, for the accommodation of forty persons, will be undertaken at present, the cost being estimated at £5,000. Some £1,200 has been received for the building fund, and a Bruce Auction, lately held on the Melbourne cricket ground in aid of this fund, was such a success that, when the accounts are made up, it is anticipated the amount realised will be such a handsome addition to the funds in hand that the work can be gone on with at once. Starting under such favourable auspices, it is not too much to expect that the whole sum required for the completion of the building will be speedily available, and that another presentable and useful structure will be added to our numerous institutions of a kindred character. A Bruce Auction may be briefly described as a fancy fair, at which a large portion of the articles are sold by auction. The credit of initiating this sort of procedure to raise funds for any purpose is given to a Mr. Bruce, many years ago a prominent colonist, who was exceedingly successful in obtaining a large sum for a charitable institution by this combination of auction and bazaar. Since then the plan has been adopted on many occasions with marked success, but not one of them with greater than that attending the Bruce Auction on the Melbourne Cricket Ground on the 10th April last in aid of the funds of the homœopathic hospital. It was opened by the chief secretary, but owing to the

inclement state of the weather only about 2,000 persons were present on the first day. Shortly before noon Mr. and Mrs. Berry were received at the reserve entrance by the managers, and conducted to seats in the space below the grand stand set apart as the bazaar. A considerable number of ladies and gentlemen assembled there, and the inauguration ceremony was commenced by Mr. J. W. Hunt, hon. treasurer, addressing Mr. Berry, and tendering the sincerest thanks of the committee for the generous manner in which Mr. Berry had responded to the request that he should open the Bruce Auction and Easter fair. Mr. Berry made a suitable reply, and expressed his pleasure at the establishment of a new school of medicine, which had passed through a great deal of adverse criticism successfully. After the show had been declared open, a number of auctioneers, who had given their services, were soon at work. They had no difficulty in securing the attention of a crowd at each tent, and they submitted such a heterogeneous collection of oddities and utilities, and caused so much unusual merriment in forcing the transactions, that it was quite amusing to participate in the barter. What matter was it that one was asked to bid for a decrepit beer pump, or to make an offer for a pair of lady's boots? He was not bound to claim his purchase, although it was surrendered if a demand was made. It was quite optional with him to allow the article to be again submitted, always providing that he satisfied the request of the clerk for the payment on his bargain. There was no uncertainty as to the destination of the money; there were no intrusive brokers to make everybody uncomfortable by a rough scrutiny of the value of the articles; there were no secret agents engaged to force the bidding; there was nothing but goodwill, and whilst the patrons paid for their amusement, the auctioneer maintained his position. But there were bargains and there were people who knew when and how they were to be made. A thrifty housewife could purchase a half chest of tea on most favourable terms. An addition of a bag of flour or sugar could be most advantageously made to the pantry stock, and, if required, there were articles of clothing to be had at absurdly low figures. There was some legitimate business intermixed with the fun, and in no instance was any dissatisfaction expressed at the result. The next important attraction was the Richardson's show, in which reigned all the glories of an extra quality melodrama, where murders and the triumphs of virtue were of alarmingly frequent occurrence, and where there prevailed a remarkably friendly feeling between the actors and the patrons. The performances of a troupe of minstrels afforded much amusement, and an enterprising donkey owner hired his animals to any who were venturesome enough to ride them. Such an indulgence

invariably resulted in the overthrow and discomfiture of the rider, and contributed much to the amusement of the onlookers. On Easter Monday the committee was favoured with the finest weather, and there was a much more numerous attendance—upwards of 10,000 persons being present. The bazaar was very busy all the afternoon, each entertainment and side show was liberally patronised, and the auction sales were very brisk. There was no unwillingness to take part to the utmost in the festivities of the day, and wherever an opportunity was afforded of indulging in barter of any kind there were always plenty of buyers. On the following day, the last of the show, there was again a large attendance; and though no accurate account has yet been made out, there is no doubt the undertaking has, on the whole, resulted satisfactorily, and will, it is anticipated, yield a considerable profit to the funds of the Homoeopathic Hospital.  
—*Illustrated Australian News.*

#### THE DEATH OF GENERAL GARFIELD.

IN common with Englishmen everywhere we take the earliest opportunity of expressing our deep sympathy with the people of the United States in the severe trial which has recently visited them. The intense interest with which everything relating to the illness of the late President has been received here demonstrates far more conclusively than treaties or aught else can do how closely we are as a nation united to our brethren across the Atlantic. Struck down at the very opening of a career full of promise of usefulness to his country by the hand of a fanatical assassin, President Garfield has been an object of deeper interest throughout the world during the last three months than any other person. And now that he has gone he is mourned for on this side of the Atlantic certainly with as much sincerity and nearly with as much intensity as he is by his own countrymen.

The *post mortem* examination has abundantly demonstrated how impossible his recovery was from the moment the bullet entered his body. His protracted illness likewise shows the wonderful vigour of his constitution—a constitution unimpaired by excesses of any kind—and yet for all that he was a man who, from his earliest childhood, had been a hard worker, both with his brains and his muscles.

The surgical treatment of the case has been the subject of much severe and, we think, somewhat ungenerous criticism by the press of the United States. Dr. Bliss, who was chiefly responsible for the management of the case, is, we are informed, a surgeon of ability and experience, and fully qualified to do that which was most likely to conduce to the recovery of his patient. It now appears that whatever had been done the result would have been the same, and he is fully entitled to a share of the

credit of having, by his management, assisted in prolonging the life of his patient.

Criticism of a kind is always easy—but for newspaper writers to take upon themselves to pronounce dogmatically about what ought to be done and what ought not to be done in circumstances of the nature of which they are necessarily ignorant, is a piece of presumption which is deserving of the highest reprobation.

A surgeon of recognised ability and experience in charge of a difficult and important case, to which he devotes himself day and night for weeks together, is entitled to the confidence and gratitude of those he is endeavouring to serve.

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### THE QUEEN AND MEDICAL WOMEN.

A PARAGRAPH originating in an English newspaper, has obtained circulation through some American journals to the effect that Her Majesty threatened to withdraw her donation and patronage from the International Medical Congress if medical women were admitted as members of it. We believe that Sir William Jenner entirely denied the truth of the assertion.

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### STATISTICS OF SMALL-POX AND VACCINATION.

DR. BERNARD reports that a total of 402 patients were admitted during the year 1880 to the small-pox hospital at Stockwell, 887 suffering from small-pox, and 15 from other diseases. Fifty-two died, 289 were discharged, and 111 remained under treatment at the end of the year. The mortality was 12.9 per cent. Of 292 vaccinated patients, 19 died, or 6.5 per cent.; of 24 patients whose vaccination was very doubtful, 8 died, or 33.3 per cent.; and of 86 unvaccinated patients, 25 died, or 29.0 per cent. Dr. Bernard gives a table (showing the state as regards vaccination of the children less than ten years old who were admitted as patients) which indicates very strongly the protection afforded by vaccination. Of children showing good vaccination-scars on their arms, 167 were admitted, with only 8 deaths; of those with imperfect scars, 127 were admitted, with 16 deaths; of those said to be vaccinated, 22 were admitted, with 8 deaths; whilst of 86 unvaccinated, there were 23 deaths. Dr. Bernard says that his experience at the hospital daily shows him the urgent necessity for more stringent measures being taken concerning compulsory vaccination and compulsory revaccination. He would also like to see compulsory notification and registration of small-pox and other infectious diseases. Adverting to the statements made as to the spread of small-pox from hospitals,

Dr. Bernard says that he has evidence which directly proves that these statements are not founded on fact. He admits, however, that it is very probable small-pox hospitals may, directly or indirectly, be the means of propagating the disease when improperly conducted. Eleven of the patients walked into hospital; a most fertile source of the spread of the disease, which is likely to continue unless offenders are prosecuted. A very large number of visits were paid to the patients in both hospitals; and Mr. McKellar and Dr. Bernard unite in saying that, so far as they have been able to discover, no case of infection has been caused thereby.—*British Medical Journal*.

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### MORNING DRAMS.

If there is one form of "drinking" more injurious than others, it is that which consists in the frequent recourse to drams at odd times between meals. That there is a great deal of this sort of tippling in vogue cannot be doubted, when we take cognisance of the very large and, as it would seem, the increasing number of young men and even women of respectable appearance who are to be met in the streets of London or any large city as early as noon, already to an evident degree under the influence of an intoxicant. Discounting the multitude of such inebriated persons for habitual debauchees, and those who drink so deeply at night that they retain the effects of the poison until late in the following day, it is still only too plain that a considerable proportion of the staggering and half-unconscious or unduly excited individuals about are the victims of the morning dram. It is a serious question whether public-houses should be allowed to begin the day before noon. It is surely unnecessary that workmen and workwomen should commence their potations earlier than the usual dinner hour. As it is, no sooner have the bricklayers, painters, plumbers, plasterers, or carpenters engaged in the repair of a house returned from their breakfast, and arranged their tools, than they go or send for beer. The result of this early beginning of the drink business is that before the afternoon has well set in they are apt to be practically useless, or only able to labour with a great effort for self-control. While the doors of public-houses stand open those who have money will enter and buy drink. Perhaps if the purveyors of intoxicants were not at liberty to commence their dangerous trade until just before the first meal in the day at which stimulants are legitimately taken, there would be a less common use of the "morning dram," one of the most mischievous "drinks" in which the multitude—especially the young—can possibly indulge.—*Lancet*.

## LAUGHING IS CATCHING.

On the banks of the river Delaware, America (the *Journal de Condé* informs its readers), lives a farming family, the members of which are troubled with a most singular affection. The father was seized—it is ten years ago—with a sudden, uncontrollable fit of laughter. As it continued without apparent cause, the wife appealed to him to tell her the reason, but he only laughed the more. His son beat him between the shoulders, but that was of no use, so they sent for a doctor. He was unable to deal with the case, said it was a nervous disorder for which he knew no precedent, and against it, he thought, medical science was powerless. At sunset the laughing ceased, and the farmer fell exhausted. But his strength soon returned, he supped, and afterwards slept as usual; but, at the end of a few hours the fit of laughing suddenly returned, and ceased as suddenly at the end of five hours. On succeeding days and nights, the laughing fits came on at regular intervals; but, becoming used to them, and feeling that they did not impede his working, he continued in his fields, and took as little heed of his laughing as he could. But although the fits came on, as a rule, at fixed hours, sometimes one would take him unexpectedly; for instance, one Sunday at his chapel it came on and he could not control it; it proved catching; gradually the congregation joined him; and after trying in vain to quell the contagion, the preacher himself proved a victim, and he laughed also until obliged to hold his sides. So it went on with the farmer for nearly two years; the young people feeling the impulse but struggling against it, but ultimately they all, beginning with the eldest, have become victims to the disorder.—*Journal du Magnetisme*.

## A DEFINITION OF ALLOPATHY.

DR. DANIEL HOOPER, the senior physician to the Surrey and Public Dispensaries, in an article in the September number of *The Practitioner*, entitled "Allopathy, Homœopathy, and No-Pathy," thus defines allopathy: "The system of treatment adopted by the non-homœopathic members of the profession." "This system," he says, "is based upon scientific knowledge, experience, and sound logic; it is physiological medicine characterised by a strong belief in the sanative powers—the *vis medicatrix*—of nature, and very great scepticism as regards the utility of drugs; it takes care of, supports and amuses the patient, while nature cures his disease; it makes much of diagnosis,

recognising that to find out is in many cases to cure a disease, and it never wearies of searching for causes of symptoms, because *causâ sublatâ* very often *cessat affectus*; lastly, it admits the existence of a few specifics, such as *quinins* for ague, which are given quite empirically, without any notion of their *modus operandi* of how or why they produce their effects."

Dr. Hooper would herein seem to desire to pose as a modern Molière! It would be difficult, we think, to pen a more telling satire on the present practice of medicine! Dr. Hooper amuses his patient, while nature cures the disease! How very kind of "nature"! "To find out is in many cases to cure a disease." Cholera is traced to impure water—did that discovery ever cure one single case of cholera? Prevention we admit is better than cure, but it is far from being the same thing! Who ever cured a painful joint, because he had found out that it was caused by rheumatism? Finding out the cause of disease is, in short, one thing, and curing the results of this cause is another.

He essays to describe homœopathy, and his account of it is comic to a degree. When he gives the 1-4th of a grain of *ipêcacuanha* to cure vomiting of food, he says that he is not "granting the truth of the law of similars." Perhaps not, but he is giving a practical exhibition of it, which is much more to the purpose!

He tells his readers that "it is quite certain that, under no treatment whatever will 80 per cent. of genuine established cases of Asiatic cholera recover." For "it is quite certain that" *read* "I am quite certain that so far as my experience goes"—and we could credit Dr. Hooper here. But the experience of Fleischmann in Vienna, of Russell in Edinburgh, and of the physicians of the London Homœopathic Hospital has proved clearly enough that 76 per cent. of cholera—real genuine cases of Asiatic cholera—can be saved by homœopathic treatment!

The Arcadian simplicity with which Dr. Hooper concludes his extraordinary essay is delightful—the more so when we consider that it was written in the Borough of Southwark! He writes: "Can they show us one Brodie, or Bright, or Jenner, or Watson, or Paget, or Gull, or Wilks? No; and the reason is, homœopathy is not true; for such men as these would sacrifice (and often have sacrificed) everything for the truth—friends and fame, and wealth and health, and even life itself." We are happy to know that notwithstanding the frequency with which these distinguished physicians and surgeons are said to have sacrificed these five blessings, they have still a very fair share of each remaining to them.

## HAHNEMANN PUBLISHING SOCIETY.

*Annual Report.*

THE annual Meeting of this Society was held at 7, Argyle Street, London, July 15, 1881; Dr. R. Hughes, President, in the chair; and amongst those present were Drs. C. and W. Wesselhæft, Owens, and Eaton, of America.

After reading the minutes of the previous annual meeting, the Secretary read a report of the proceedings of the year ending June 30, 1881, in which it was stated that since the previous annual meeting the Society had published, at a cost of £288, vol. 1 of Hahnemann's *Materia Medica Pura*, with Hahnemann's own introductions, notes and comments, translated by Drs. Dudgeon and R. Hughes, and of which Messrs. Boericke and Tafel, of America, had taken 500 copies; also that vol. 2 was now in the printer's hands, and would be ready within the next two months; and of which Messrs. Boericke and Tafel were taking 500 copies, as of vol. 1. Also that chap. xxiv., that is, BACK and NECK, of the *Repertory*, prepared by Dr. Stokes, was also in the printer's hands, and would be supplied to members probably within the next month; and as this chapter includes all the reliable symptoms of all the trustworthy medicines, in *Allen's Encyclopædia* and supplement, and has been prepared in strict accordance with the original plan, it would be the most complete and reliable repertory of the back symptoms ever published, and a book essential to every homœopathic practitioner. Also that Dr. Black had arranged the symptoms of *digitalis* for the Society's *Materia Medica*, and this arrangement was ready for the printer. After some discussion on *Materia Medica* matters, it was unanimously agreed that as the compendious character of *Allen's Encyclopædia* necessitated the collection of even doubtful symptoms, and the plan involved the splitting up of the symptoms, it could never be a substitute for the Society's *Materia Medica*, in which all the reliable symptoms of each medicine are selected and arranged in their natural groups, and indexed; and it was therefore very important and desirable to proceed with and push forward the Society's *Materia Medica* as rapidly as possible. In response to this demand, Dr. Black promised an arrangement of the symptoms of *plumbum*, to be ready by Christmas; and, in conjunction with Dr. Dudgeon, of the symptoms of *nux vomica*; and of *mercurius corrosivus*, with a survey of those of mercurial preparations generally. Dr. Burnett promised the symptoms of *phosphorus*; Dr. Ker, those of *conium*; Dr. Clark those of *argentum nitricum*; Dr. E. T. Blake, those of *secale*; Dr. R. Hughes, those of *iodium*; and Dr. Hayward, those of *crotalus*. These volunteer workers promised to endeavour to complete these works so as to enable the Society to bring out a

good-sized volume by next annual meeting. And it was unanimously agreed that it is the duty of all British homœopathic practitioners to assist the Society by at least joining it as members—all its publications being essential to their every day work; and by being members they would obtain these at cost price.

The committees and office-bearers of the Society were re-elected, and the time and place of next annual meeting were fixed to be those of the next Congress.—John W. Hayward, Hon. Sec.

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### THE HAHNEMANN CONVALESCENT HOME, BOURNEMOUTH.

THIS Institution was re-opened for the winter season on the 20th ult. During last winter the Home was literally full. The committee, relying upon public generosity, allowed themselves to exceed their income by £170, which they now owe to their bankers. Besides requiring funds to carry on their work, they have therefore to appeal to the generous and wealthy to enable them to pay off their present indebtedness. The Institution is one of great value. It has not been long in operation, but it has during this short time done good work, and shown that it is well worthy of that liberal public support which we trust it will secure.

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### BRITISH HOMŒOPATHIC SOCIETY.

THE First Ordinary Meeting of the present Session will be held on Thursday, October 6th, 1881, at seven o'clock. A paper will be read by Dr. Washington Epps, of London, entitled *Two Cases of Chronic Eczema*.

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### THE INTERNATIONAL MEDICAL CONGRESS.

THE *Times* of the 19th ult. informs us that one of the German papers has remarked as a result of the recent International Medical Congress, that "during the absence of the most eminent medical men the mortality in Germany had been diminished!"

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### PRIZE ESSAY.

DR. PRATER, of London, offers a prize of £80 for the best Essay on the following subject: "In the use of copper plates worn next the skin as a preventive of cholera, is the beneficial result, which is said to be produced, due to magnetism excited by the copper?" Dr. Prater expects that experiments fully detailed be made to show whether there is any ground for supposing that copper thus worn excites magnetic action or not, and if it does, with what material in the body the current is generated. Secondly, if it can be shown that magnetism is developed,

arguments for or against this being the cause of the beneficial effect of the copper plates which is said to exist, to be given.

Dr. Prater expects that all experiments, original or quoted, with all cases, original or quoted, be detailed in full. Dr. Prater would wish to have Dr. Swan's (of New York) cases (see Paper by Dr. Berridge in *Homœopathic World*) related in full, provided they have been treated by mineral magnetism. He notes, as bearing on the subject, Jousset's Paper in the *Homœopathic Review*, March, 1881; the advertisement of Mr. Seymour's Magnetic Appliances (*Homœopathic Review*, March, 1881); and "Dr. Burq's Girdles," 1829—Jousset's experiments to be if possible repeated.

No prize will be given unless the adjudicators decide the essay to be sufficiently good.

Essays to be sent to Dr. Dyce Brown, 29, Seymour Street, Portman Square, W., on or before April 1st, 1882.

#### PRIZE ESSAY.

A PRIZE of one hundred pounds (£100) will be paid by "The Equitable Life Assurance Society of the United States" (London office, 81, Cheapside, E.C.), to the author of the best Essay on the subject named below; and twenty-five pounds (£25) to the author of the second best Essay.

Subject, Life Assurance! With special reference to its influence in promoting habits of economy, thrift and sobriety; and the consequent repression of intemperance, poverty and crime; its bearing upon the reduction of the poor rate, the cost of repression of crime, and in stimulating the productive industry of the country; and hence the national benefit conferred on the community in lessening taxation, while giving increased power to pay; and finally, its influence upon our social surroundings, in strengthening family ties, and in rendering sacred the home.

Conditions! Essay (not to exceed, when printed, the length of 32 octavo pages of long primer type) to be sent to the undersigned not later than October 1, 1881, unsigned, but marked with a *nom de plume* or number, by means of which identity may be secured. Endorsed outside, "Prize Essay Contest."

A Committee consisting of the following gentlemen have consented to adjudicate upon the essays sent in:—S. C. HALL, F.S.A.; CORNELIUS WALFORD, F.I.A., F.S.S.; THOMAS HUGHES ("Tom Brown"), Q.C., F.S.A., umpire. Their award in writing, and the accepted essay, will be made public. The names of authors will not be published without their assent.

The Society reserves the right of awarding a third prize of ten pounds (£10) to any writer recommended by the "Selection Committee" as having produced an essay of merit, although it may not have conformed entirely to the preceding conditions.

METEOROLOGICAL OBSERVATIONS

TAKEN AT THE

HOTEL BELVEDERE, DAVOS-PLATZ, SWITZERLAND,

From 1st July, 1880, till 15th April, 1881.

THE instruments are first-rate (Negretti & Zambra, and Casella), verified at the Kew Observatory and placed according to the regulations of the English Meteorological Society. The observations have been taken with the greatest accuracy.

N.B.—When the force of the wind is not mentioned a slight breeze is indicated. A complete calm is denoted by O.

JULY, 1880.

Date	Barom.	Thermometer.			Hygrometer.		Wind.		FORCE OF WIND.	Amt. of water	Amt. of snow in Eng. inches
		Max.	Min.	Solar Max.	Dry bulb.	Wet bulb.	Upper current.	Valley Wind.			
1	24.895	73.5	44.6	127.			S.W.	N.			
2	24.896	71.6	44.6	128.			S.	N.	A strong breeze.		
3	24.897	69.8	50.0	109.5			S.	S.			
4	24.9	51.5	40.	113.	45.	42.5	S.	N.	11 a.m. 2.30 p.m. high wind.		
5	25.12	59.5	52.	129.5	55.5	48.	W.N.W.	N.	A strong breeze.		
6	25.10	71.	58.	139.	65.	52.	W.N.W.	N.			
7	25.08	75.33	36.	140.	71.	55.	N.W.	N.			
8	24.96	69.5	58.	135.5	69.	54.5	S.S.W.	S.	After 4 p.m. high wind.		
9	25.0	68.2	53.	136.5	66.75	55.25	S.S.W.	S.			
10	25.12	67.5	45.	122.5	63.5	53.	S.S.W.	S.			
11	25.21	69.3	46.75	138.	68.	60.	S.	N.	A strong breeze.		
12	25.21	68.2	45.	140.	67.5	57.5	S.	N.			
13	25.17	67.5	48.	127.5	65.	56.5	W.	O.			
14	25.15	72.75	40.5	137.	70.2	58.	S.	N.			
15	25.15	78.33	42.	140.	72.5	58.5	N.W.	N.			
16	25.12	81.	46.	142.5	80.5	62.2	N.	N.			
17	25.18	80.5	50.	146.	80.	59.	N.	N.			
18	25.16	78.25	48.5	139.5	70.5	60.	S.W.	N.			
19	25.22	79.33	49.33	143.5	72.5	57.2	W.	S.	11 a.m. 1 p.m. a strong breeze.		
20	25.25	75.75	50.5	139.	74.5	57.	S.W.	N.			
21	25.14	78.	51.	135.5	64.	57.25	S.W.	N.			
22	25.04	65.5	50.	122.5	64.5	57.	S.W.	N.			
23	25.05	65.	46.	135.	58.5	55.	S.W.	N.			
24	25.07	72.	37.	135.	69.8	58.	S.W.	N.			
25	25.12	78.	44.8	135.	69.5	58.	W.	N.	5 p.m. 5.45 p.m. high wind.		
26	25.07	78.5	45.	137.	77.	59.	W.S.W.	S.W.			
27	25.1	76.5	49.	135.	60.	51.	W.	N.	A strong breeze.		
28	25.03	71.5	48.5	135.5	60.	55.	S.W.	N.			
29	25.01	76.5	44.	144.	75.5	56.25	S.W.	N.			
30	25.01	65.	53.	95.	61.5	54.	S.	N.	Occasionally strong gusts.		
31	24.95	59.75	48.5	127.	52.33	49.	S.	N.	A high breeze.		

## AUGUST, 1880.

Date	Bar.	Thermometer.			Hygrometer.		Wind.		FORCE OF WIND.	Amt. of water	Amt. of snow in Eng. inches
		Max.	Min.	Solar Max.	Dry bulb.	Wet bulb.	Upper current.	Valley Wind.			
1	24.82	63.33	40.	117.5	52.5	49.5	S.	N.			
2	24.79	55.5	48.	127.	54.	49.	S.	N.			
3	24.78	49.	40.5	90.5	46.	43.5	S.W.	N.			
4	24.95	56.	39.5	110.5	46.	43.	N.W.	N.			
5	24.96	65.75	30.33	130.5	64.5	56.	N.	N.			
6	24.96	66.33	38.33	139.5	65.5	54.	S.	S.			
7	24.82	56.2	47.5	92.5	54.	48.2	S.	N.			
8	24.74	63.66	37.	98.	62.	52.	S.	N.			
9	24.97	63.8	41.	102.	50.	44.	S.	N.			
10	25.19	56.8	40.83	136.	56.5	47.2	N.N.W.	N.			
11	25.02	64.	41.5	136.	61.2	49.	S.W.	N.			
12	24.93	60.2	37.	137.	60.	52.	W.	O.			
13	24.95	55.2	45.	83.	52.5	50.	W.	O.			
14	24.93	61.8	49.	125.	55.	53.	N.	N.			
15	24.97	64.	50.	143.	63.66	56.66	N.	O.			
16	24.98	70.5	45.	141.	70.	59.66	N.	S.			
17	25.03	70.25	47.	146.	70.	59.5	W.	N.			
18	25.07	61.66	50.	122.5	59.	55.	W.	N.			
19	25.05	65.5	46.	138.	65.	54.75	W.	O.			
20	25.12	68.5	43.5	142.5	67.	55.5	W.	O.			
21	25.11	69.	45.83	140.	65.66	55.	W.	O.			
22	24.95	57.	50.	70.	50.	48.	S.	O.			
23	25.07	68.	47.33	145.	66.	55.	W.	O.			
24	25.01	68.2	41.5	75.	54.5	53.	S.W.	O.			
25	25.08	68.	40.	141.	64.	54.2	W.	O.			
26	25.07	66.2	40.	127.5	62.25	51.	W.	O.			
27	25.1	59.5	47.	105.	55.	51.	W.	O.			
28	25.13	65.33	47.	143.5	59.5	52.	N.W.	O.			
29	25.04	62.	42.33	123.	61.5	55.	S.	O.			
30	24.92	56.8	46.33	73.	56.5	53.	S.	O.			
31	25.03	59.75	47.2	101.	57.	54.5	S.W.	O.			

## SEPTEMBER, 1880.

1	25.12	62.5	47.8	129.5	60.33	56.66	N.N.E.	O.			
2	25.32	69.	49.	139.33	69.	59.33	N.	N.			
3	25.31	74.2	44.25	148.	69.	59.33	O.	N.			
4	25.29	76.5	44.	146.5	70.5	58.25	O.	N.			
5	25.31	78.	43.75	147.	71.66	59.33	N.	N.			
6	25.29	69.33	51.5	142.33	69.	58.	W.N.W.	N.			
7	25.14	69.	48.	135.	68.25	55.	W.N.W.	O.			
8	25.13	65.66	48.2	103.	64.	55.25	S.W.	N.			
9	25.05	66.66	50.25	150.	58.33	53.33	S.W.	N.			
10	25.02	66.	44.66	112.	63.	53.33	S.	N.			
11	24.98	69.66	42.33	145.	69.	56.66	S.	O.			
12	24.94	64.5	40.25	127.	60.	52.5	S.	N.			
13	24.93	64.66	40.25	120.	58.	45.25	S.	N.			
14	25.02	62.33	36.	80.	60.	48.	S.W.	O.			
15	24.88	52.	35.66	125.	50.25	46.	S.W.	N.			
16	24.79	48.75	33.	135.	46.	41.2	S.W.	O.			
17	24.87	56.75	32.5	140.	52.5	43.	S.W.	N.			
18	25.08	59.66	36.2	134.	59.	47.	S.	N.			
19	25.03	57.5	31.5	128.	55.2	46.	S.W.	N.			
20	24.88	49.5	42.5	92.	46.	44.	S.W.	N.			
21	24.98	39.75	33.	115.	38.	35.	S.W.	N.			
22	25.08	54.5	32.5	115.5	49.	46.25	W.	N.			

SEPTEMBER, 1880.

Date	B.m.	Thermometer.			Hygrometer.		Wind.		FORCE OF WIND.	Amt. of water	Amt. of snow in Eng. inches
		Max.	Min.	Solar Max.	Dry bulb.	Wet bulb.	Upper current.	Valley Wind.			
23	25.08	60.	36.	137.	59.	50.5	W.	N.			
24	25.04	53.75	45.	90.	48.5	47.	S.W.	O.			
25	25.08	61.75	43.	147.5	59.5	51.	N.W.	N.			
26	25.09	61.	31.5	136.5	60.	48.25	N.W.	N.			
27	25.09	57.75	37.	134.	57.	49.	N.N.W.	N.			
28	25.16	55.	34.5	136.	53.75	48.25	N.	N.			
29	25.22	56.75	29.2	136.5	56.25	46.75	O.	N.			
30	25.22	69.8	29.	133.	63.	49.25	O.	O.			

OCTOBER, 1880.

1	25.26	67.75	29.25	143.	61.75	47.	N.	O.			
2	25.07	65.25	31.33	143.	65.	48.	O.	N.			
3	24.86	47.33	32.33	110.	47.	42.25	W.N.W.	N.			
4	24.88	57.33	40.5	122.	52.	47.	W.	O.			
5	24.97	59.75	42.25	93.	56.5	48.	S.	O.			
6	24.96	62.	45.33	103.	60.5	51.5	S.S.W.	S.			
7	24.95	61.75	53.	101.	61.	51.25	S.	O.			
8	24.83	61.5	44.	128.5	57.	50.25	S.	O.			
9	24.81	47.	25.2	122.5	45.	44.	O.	O.			
10	24.7	42.8	29.	136	37.5	37.5	S.W.	N.			
11	24.85	49.	25.2	114.	43.	40.5	S.	O.			
12	24.9	43.25	35.	100.5	42.	39.	S.	N.			
13	24.96	43.2	28.	124.5	43.	39.33	W.	O.			
14	25.07	49.5	32.5	135.	39.5	37.	W.	N.			
15	25.05	58.25	23.5	134.5	55.5	44.	W.	O.			
16	25.04	56.	32.5	123.5	53.25	43.	W.N.W.	O.			
17	25.04	57.	31.	128.5	51.25	45.	S.W.	O.			
18	24.98	50.5	38.	84.5	50.5	46.25	S.	O.			
19	24.98	53.	41.66	136.5	48.66	46.	S.	S.			
20	24.74	52.2	37.33	135.	52.	44.	S.	S.&N.			
21	24.8	54.25	39.5	75.	50.5	47.	S.	N.			
22	24.7	55.8	41.5	61.5	55.	48.	S.W.	O.			
23	24.83	55.33	41.	134.	54.66	49.25	W.	N.			
24	24.83	37.25	34.	93.	36.	34.	W.	N.			
25	24.97	41.25	26.2	124.	39.	34.	W.	N.			
26	24.87	51.8	19.25	123.5	48.25	38.	W.	O.			
27	24.82	54.75	29.25	94.	52.5	47.5	S.	N.			
28	24.74	54.5	42.	128.	53.75	44.	S.	O.			
29	24.53	50.75	40.25	93.	46.66	43.66	S.	N.			
30	24.77	34.	24.	89.5	31.5	27.25	W.	S.			
31	24.94	38.5	25.5	122.	38.5	31.	O.	O.			

NOVEMBER, 1880.

1	25.00	33.	13.8	112.	33.	27.25	O.	N.E.			
2	24.90	38.	19.	87.	36.66	32.	O.	O.			
3	24.78	35.5	28.	81.	33.	29.	O.	O.			
4	24.73	43.	31.	120.	42.33	36.	S.	O.			
5	24.86	37.5	28.	117.	35.5	32.	S.	O.			
6	25.07	40.	27.	119.	38.	35.	N.W.	O.			
7	25.12	50.	21.	124.5	46.25	36.	O.	O.			
8	25.07	50.2	27.5	105.	42.25	36.	O.	O.			
9	24.97	50.2	26.33	122.	48.5	44.66	S.W.	O.			
10	24.94	37.2	26.5	86.	36.	35.	W.	O.			
11	24.95	46.5	20.25	117.5	45.	36.	O.	O.			
12	24.99	45.	21.75	114.	44.25	37.	O.	O.			

.9133

## NOVEMBER, 1880.

Date	Bm.	Thermometer.			Hygrometer.		Wind.		FORCE OF WIND.	Amt. of water	Amt. of snow in Eng. inches
		Max.	Min.	Solar Max.	Dry bulb.	Wet bulb.	Upper current.	Valley Wind.			
13	24.95	54.25	20.	70.	43.	39.5	S.	N.		.13	
14	24.95	53.33	20.	122.	53.	41.	W.	O.			
15	24.75	48.75	27.2	122.5	48.	38.33	S.W.	N.			
16	24.77	48.2	26.	100.	47.5	37.5	S.	S.			
17	24.39	39.	32.	46.	38.	35.	O.	N.		.495	6.75
18	24.42	38.	25.2	136.5	34.	28.33	N.	S.		.035	.5
19	24.48	41.75	12.2	94.5	39.	36.	S.	S.			
20	24.77	41.25	25.	135.5	37.	33.75	S.	O.			
21	24.88	40.33	23.	139.	38.	33.	S.	O.		.47	
22	24.78	40.66	27.	123.	38.	36.25	S.	O.			
23	24.4	38.5	17.25	124.5	38.	32.5	S.	O.			
24	25.14	41.66	17.5	118.	39.5	34.5	O.	O.			
25	25.16	43.5	20.25	106.	40.	36.	S.	O.			
26	25.	48.75	25.25	129.	42.	37.	S.	O.			
27	25.09	47.	28.33	136.	46.25	39.25	S.	O.			
28	25.03	39.66	30.	114.5	36.5	34.75	O.	O.			
29	25.04	44.33	24.	139.5	43.25	37.5	O.	O.			
30	25.28	42.	25.5	120.	42.	34.	O.	O.			

## DECEMBER, 1880.

1	25.2	45.	21.5	120.	42.	34.	O.	O.			
2	25.08	39.66	19.	115.	39.	31.5	O.	O.			
3	25.12	38.5	17.	117.	36.33	31.	O.	O.			
4	25.17	43.66	17.5	125.	42.	32.	N.W.	O.		.15	
5	25.2	36.8	19.5	120.5	36.33	21.5	N.W.	O.			
6	25.24	40.8	24.	116.	40.	33.66	N.W.	O.		.30	2.5
7	25.28	36.	29.5	51.	36.	35.	W.	O.		.0425	.5
8	25.37	38.33	20.	120.5	37.	32.	N.W.	O.			
9	25.21	41.66	20.	115.	35.	32.	W.	N.		.44	17.
10	25.05	38.5	24.	102.	32.5	29.	S.W.	N.		.49	3.
11	25.04	37.33	24.	103.	36.	33.	W.N.W.	O.		.1225	1.
12	25.03	34.	18.	130.	30.	26.	N.	O.			
13	24.94	33.5	14.25	45.	32.25	31.	O.	O.		.19	4.
14	24.87	37.	27.33	87.	34.25	32.5	O.	O.		1.22	12.25
15	24.88	34.5	27.5	107.5	34.	32.5	N.W.	O.		.105	1.75
16	24.77	41.66	17.5	137.	40.5	33.	W.	O.			
17	24.68	42.	21.33	140.	40.33	34.25	S.W.	O.		.3	1.
18	24.7	36.66	27.	105.	36.	34.	W.	N.			
19	24.99	31.	13.25	120.	27.	24.25	W.	O.			
20	24.92	42.25	18.75	145.	41.5	35.5	S.W.	O.			
21	24.7	39.5	24.5	109.	38.25	34.	O.	N.	Strong gusts.	.24	7.
22	25.	27.	18.5	125.	21.	18.	O.	O.			
23	24.96	32.5	7.	100.5	30.	27.	W.	O.			
24	24.6	34.75	19.	118.	33.	30.	S.W.	O.		.25	1.25
25	24.55	38.25	21.	55.5	37.	31.	S.	O.	After 4 p.m., high south wind.	.18	2.5
26	24.6	23.	7.25	120.	20.5	17.5	W.	O.			
27	24.74	37.	7.	132.	35.5	32.	W.	O.			
28	24.73	41.5	21.	131.5	38.75	34.75	W.	O.			
29	24.73	45.5	24.25	135.	43.	37.	S.	O.			
30	24.71	40.5	31.	68.	37.	34.	S.	O.		.10	1.5
31	24.72	28.	26.5	115.	37.	23.5	W.	O.		.035	.5

JANUARY, 1881.

Date	Brm.	Thermometer.			Hygrometer.		Wind.		FORCE OF WIND.	Amt. of water	Amt. of snow in Eng. inches
		Max.	Min.	Solar Max.	Dry bulb.	Wet bulb.	Upper current.	Valley Wind.			
1	24.97	26.5	8.25	118.	24.	22.	N.	O.			
2	25.07	26.	-1.	122.	20.	18.	N.	O.			
3	25.02	32.	6.	136.	25.25	22.5	O.	O.			
4	25.01	40.25	15.	128.	39.5	32.5	S.S.E.	N.			
5	24.78	42.75	18.5	136.5	40.	35.	S.	O.			
6	24.9	41.33	22.	95.	41.	36.	S.	O.			
7	25.	28.5	3.	120.5	28.5	25.	O.	O.			
8	24.92	29.5	1.66	121.5	28.25	23.	O.	O.			
9	24.75	28.66	3.75	122.	23.	20.	O.	O.			
10	24.68	28.5	-5.	121.	23.5	20.	O.	O.			
11	24.6	27.33	0.	120.	24.33	21.	O.	O.			
12	24.5	27.	0.	121.	24.5	21.5	O.	O.		.125	.5
13	24.37	25.25	3.5	52.	24.5	22.	O.	O.		.1	.5
14	24.48	20.	5.75	114.	16.	14.	W.	O.			
15	24.27	22.5	4.	118.	21.	17.5	S.W.	N.		.25	.33
16	24.48	11.25	5.	115.	11.	10.	N.N.W.	N.			
17	24.72	21.66	10.66	120.5	16.	13.	O.	O.			
18	24.43	30.	-3.	55.	25.5	24.5	S.W.	O.		.10	2.5
19	24.4	30.66	7.	55.5	28.25	26.5	S.S.W.	O.			
20	24.27	23.	10.	112.	19.	17.	S.	N.			
21	24.78	18.	-3.9	118.	11.1	9.2	W.	O.			
22	24.89	24.	-3.	137.	23.25	20.	O.	O.			
23	24.67	21.	-2.	128.5	19.5	16.5	O.	O.			
24	24.92	20.	-10.	123.	18.	15.5	O.	O.			
25	24.85	23.25	-5.	118.	22.	17.5	S.W.	N.	A strong breeze.	.115	1.
26	24.6	30.75	10.75	131.5	29.25	26.	N.N.W.	O.		.55	1.
27	24.58	40.5	9.	133.	40.	32.5	W.N.W.	O.		.3	.75
28	24.44	42.25	9.	125.	40.5	35.5	S.W.	O.			
29	24.51	42.66	14.5	130.	40.25	32.25	S.W.	O.			
30	24.39	38.25	19.	108.	37.25	32.5	S.	O.		.135	2.
31	24.62	42.5	18.	153.	37.	34.	S.W.	O.			

FEBRUARY, 1881.

1	24.62	41.33	9.25	134.	40.	32.25	N.W.	O.			
2	24.83	40.33	12.25	135.	37.25	32.	N.	O.			
3	24.9	42.	10.66	135.	36.	32.	O.	O.			
4	24.65	44.25	13.	135.	40.	32.5	O.	O.			
5	24.65	42.	12.25	135.	36.	32.	S.	O.			
6	24.55	25.2	19.	60.	24.66	23.5	O.	N.	Strong gusts.	.10	3.
7	24.81	37.	19.5	117.	26.	23.5	W.	N.			
8	24.62	34.	7.	95.	33.5	30.5	W.	O.	A strong breeze.	.345	12.
9	24.52	33.5	22.25	98.	29.	26.2	W.N.W.	O.	From 11.15 a.m., till 1 p.m. strong breeze.	.25	4.5
10	24.6	43.	24.25	128.	42.5	38.	W.	O.		.15	2.
11	24.32	35.5	22.	135.	35.	29.	N.W.	O.	A strong breeze.		
12	24.49	24.	13.	55.	18.25	15.2	N.W.	N.		.5	.75
13	24.86	32.75	10.	119.	28.	22.	N.W.	N.		.225	.5
14	24.78	32.66	-5.5	142.	31.5	24.	N.W.	O.			
15	24.7	44.	1.	144.5	40.	32.	O.	O.			
16	24.84	48.5	12.	144.	46.	35.	S.W.	O.			
17	24.88	46.75	18.5	133.	45.5	36.	S.	O.			
18	24.92	44.66	20.	134.	42.8	36.	S.S.W.	O.			
19	24.9	46.5	19.5	147.	43.	36.	W.S.W.	O.			
20	24.98	45.5	18.25	133.	44.	35.	S.W.	O.			
21	25.02	48.5	25.5	134.	46.	34.	S.W.	O.			
22	25.00	48.	20.	134.	41.25	34.	O.	O.			

FEBRUARY, 1881.

Date	Brm.	Thermometer.			Hygrometer.		Wind.		FORCE OF WIND.	Amt. of water	Amt. of snow in Eng. inches
		Max.	Min.	Solar Max.	Dry bulb.	Wet bulb.	Upper current.	Valley Wind.			
23	25.00	48.	17.	138.	45.5	33.25	S.W.	O.			
24	25.00	42.75	13.75	129.	40.5	32.	O.	O.			
25	24.85	42.25	13.5	133.	39.	32.	O.	O.			
26	24.76	43.66	12.	130.	42.5	34.	W.	O.			
27	24.7	41.66	16.	79.	41.	34.25	S.	O.		.25	.75
28	24.64	41.66	22.5	129.	40.	35.	S.	O.		.95	3.5

MARCH, 1881.

1	24.55	25.33	24.25	57.	23.	22.	O.	O.		.3	.5
2	24.84	24.	12.	140.	22.	19.	N.	N.			
3	24.75	35.66	-.4	126.	32.5	26.	N.	N.			
4	24.8	36.33	11.33	76.	34.25	32.25	O.	O.		.2	.5
5	24.7	42.25	24.	82.	40.	35.	O.	O.			
6	24.74	46.	29.25	82.	40.	33.	S.	O.		.5	
7	24.85	54.5	34.33	118.	47.25	43.	W.	O.		17.	1.
8	24.87	40.5	32.5	136.	40.25	37.5	N.	O.			
9	25.02	37.66	27.25	117.	32.	30.	O.	O.		.145	1.5
10	25.04	39.	28.5	59.	33.	32.	O.	N.		.965	14.5
11	25.06	39.66	28.	89.	39.5	38.	N.N.W.	O.		.115	.5
12	24.92	52.5	22.	156.	48.5	38.5	N.W.	O.			
13	24.81	46.33	24.	140.	44.5	38.	N.	N.			
14	24.81	49.5	12.	140.	47.	34.	O.	O.			
15	24.98	49.5	15.	128.	44.5	34.5	O.	O.			
16	25.08	44.5	14.33	127.	42.	34.	O.	O.			
17	25.2	44.0	12.5	127.2	42.	33.	O.	N.			
18	25.31	42.5	14.	114.	38.	31.	O.	O.			
19	24.91	52.75	24.5	119.	50.5	41.	O.	O.			
20	24.91	51.25	25.	130.	50.	40.	S.	N.&S.			
21	24.66	44.	31.5	129.5	42.	37.	W.N.W.	S.		.16	2.
22	24.55	25.	21.	120.	24.	22.	O.	N.	A high wind.	.305	9.5
23	24.95	39.	14.5	150.	34.	27.	N.W.	N.	A strong breeze.		
24	24.95	40.5	18.	126.	38.	32.	W.	N.	A strong breeze.		
25	24.52	50.	30.	142.	43.5	37.25	N.W.	O.		.1	
26	24.66	44.2	28.75	128.	42.5	37.	S.	N.			
27	24.6	50.2	19.25	130.	48.5	35.	O.	O.			
28	24.7	53.5	20.	135.	52.25	38.	O.	O.			
29	24.7	54.5	21.5	137.	52.	38.	O.	O.			
30	24.62	51.75	31.	103.	45.	40.5	S.W.	N.	From 12 a.m. a strong breeze.	.55	
31	24.65	50.5	31.	120.	46.5	42.	S.	N.			

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1	24.65	53.5	33.	137.	51.5	41.	S.	O.		.6	
2	24.67	51.	35.	138.	47.5	42.5	S.	O.			
3	24.55	52.5	33.5	123.	47.5	43.	S.	O.		.285	
4	24.6	51.	32.5	129.	45.	40.	S.	N.			
5	24.68	52.	27.	106.	51.25	41.25	S.	S.		.3	
6	24 73	59.	29.	136.	56.	45.	S.	S.			
7	24 73	57.	30.5	140.	56.	46.	S.	O.		.6	
8	24.87	44.5	34.	65.	42.	40.5	O.	O.		.11	
9	24 93	50.	31.5	111.	46.	42.	N.	S.			
10	24 97	50.	36.	114.	42.	38.	N.	O.		.85	
11	24.87	46.25	31.5	113.	44.	41.	E.	O.	Occasional high gusts frm. north	.185	
12	24.88	52.25	32.5	138.	49.5	41.	S.W.	O.			
13	24.94	54.	27.	136.	53.	41.5	N.W.	O.			
14	24.94	50.25	34.	130.	48.5	39.	N.W.	S.		.2	
15	24.97	49.5	33.	115.	48.25	40.	S.	S.			

## AN EDINBURGH PROFESSOR ON HOMŒOPATHY.

THE following passage appears in *The Scotsman* of 2nd August as a part of the Valedictory Address to the graduates of the University of Edinburgh by the Professor of Surgery, Mr. ANNAN-DALE :—

“It is probably expected that I should here say something in regard to homœopathy and homœopathic practitioners. My difficulty in regard to homœopathy is, that, judging from the recent correspondence and discussions on the subject, the majority of homœopathic practitioners no longer acknowledge or practise in their entirety the principles of the original founder of the system. I understand that they now make use of homœopathy, allopathy, or any other treatment which they consider likely to be useful—I might in some, I hope not in many, instances, say agreeable—to their patients. Why, then, call themselves homœopaths? and why do they let it be understood that their treatment is a special one, or is in any way superior to that practised by the ordinary practitioner? The position of homœopathic practitioners is at present both illogical and inconsistent as regards the practice of medicine; and I say that they should either hold to the original principle of homœopathy, and call themselves true homœopathic practitioners, or they should retire from the ranks of homœopathy, return to the field of the ordinary profession, and give up their pretensions to cure all diseases by any special system which is peculiar to themselves. You will meet homœopathy not infrequently in your future professional life. You will meet it in the form of your patients leaving you in order to undergo a course of this special treatment. You will meet with it by being told that homœopathy has cured patients whom you have failed to cure, the fact being that patients become cured sometimes without any treatment, after treatment of all kinds has failed—nature having at last got a chance. And you will meet with it in your patients' houses by seeing pretty little bottles and boxes of bottles containing minute portions of fluids or solids lying on the tables of their dressing-rooms. (Laughter.) I cannot resist likening homœopathy to what is now termed æsthetics. Both are amusing and absurd to those not practising them; both are harmless when used in moderation, and both apparently please, entertain, and occupy the minds of those who have the time and money to spend on them. Perhaps the best advice I can give you in regard to the treatment of homœopathy is to treat it as most sensible people treat æsthetics. I have no desire to say anything that is discourteous or personal in regard to homœopathic practitioners themselves. Many of them are educated gentlemen, and are

qualified members of our profession ; but it is impossible, under present circumstances, that you can have any true sympathy with them in the matter of medical practice. You cannot meet them in consultation, because, although you might agree with them as to the nature or diagnosis of a case of disease, one or other of you must consent to sacrifice your principles and belief when the treatment of the disease has to be decided, and no man with any proper feeling will do this, or should do it, more particularly when the health or life of a human being is concerned. Your assistance as surgeons, or in other departments where medicine is not required, may be sought by homœopathic practitioners, and in these cases the question of homœopathic treatment does not arise, for homœopathy will not cut off a leg or set a fractured bone ; but even under these circumstances, although you may sometimes be justified in meeting a homœopath, I would, from experience, advise you to insist upon taking sole and special charge of the patient as long as your particular treatment is required."

Why Mr. Annandale should be "expected to say something about homœopathy," we are not aware. It is ungenerous to expect a man to discourse on a subject regarding which he is very ignorant. *Ne sutor ultra crepidam* is a maxim Mr. Annandale would do well to bear in mind, when he is next called upon to address either medical students or any other body of persons. If he does so, he will not again touch upon homœopathy without having gone through a course of study relating to it.

Mr. Annandale states that his "difficulty in regard to homœopathy is that, judging from the recent correspondence and discussions on the subject, the majority of homœopathic practitioners no longer acknowledge or practise in their entirety the principles of the original founder of homœopathy." If Mr. Annandale had known anything about the "principles of the original founder of homœopathy," he would have been aware that these embraced many subjects besides homœopathy. Homœopathy is a rule or principle of drug selection—and this alone. This rule or principle homœopathic practitioners now, as ever, carry into practice in all cases where it is possible so to do. They know perfectly well, that in a few instances a parasiticide will remove—not disease—but its cause; they also know, that in cases of incurable suffering palliatives can alone relieve, and use such medicine in such cases accordingly. Further, there are cases—though far less numerous than Mr. Annandale supposes—in which a surgical operation is requisite, and they avail themselves of such a *dernier ressort* in such instances. There is, however, no novelty here—such measures have been used by homœopaths throughout the

entire history of this method—as the literature of the subject abundantly proves.

Why, then, Mr. Annandale wants to know, do those who practise homœopathy admit that they do so? Because so to admit is the only method within their reach of forcing the subject upon the attention of the medical profession. Their experience assures them of its importance alike to the physician and the patient. They know that homœopathy is superior to the methods ordinarily practised—and, knowing this, they are bound to say so. They do not, however, keep the principles of homœopathic practice secret, they do not assert their personal superiority to their medical neighbours; on the contrary, their method has been explained in the most public manner possible, and in every variety of way, and is as open to their medical neighbours as it is to themselves.

Mr. Annandale's account of the various ways in which his young friends will meet with homœopathy is amusing, whatever else may be said regarding it. "You will meet with it," he said, "by being told that homœopathy had cured patients whom you have failed to cure, the fact being," he continued, "that patients become cured sometimes without any treatment, after treatment of all kinds has failed—nature having at last got a chance." The experience Mr. Annandale tells the graduates they will have to encounter in after life, is probable enough, but his explanation is a pure assumption. Far wiser would it have been for him to have advised his hearers carefully to examine each case of the kind that comes before them, and to ascertain for themselves how far the resources of homœopathy have been of advantage to the patients. There would be more common sense in so doing than in taking it for granted that it was a simple abstinence from traditional drugging that had been beneficial.

Mr. Annandale's comparison of homœopathy to æsthetics is sheer nonsense, and serves only to exhibit his ignorance of it in a yet more glaring light.

His advice regarding consultations is a little mis-timed. It is hardly probable that the opinion of an inexperienced Edinburgh graduate would be sought by an experienced practitioner, either as to the nature or diagnosis of disease, and still less as to its treatment. When these young gentlemen have had the experience which can alone render their opinion worth having, they will probably feel more disposed to act upon their own judgment than upon the *ex cathedra* utterances of a professor, ignorant of the subject on which he essayed to instruct them.

The Edinburgh graduate of 1881 will do well to examine the question involved in homœopathy for himself. Let him ascertain by personal clinical experience, whether he cannot cure disease more completely and more frequently by a homœopathically

selected drug, than by the mere palliatives on which he has been hitherto taught to rely. To all who wish to form an independent opinion on the subject, the London School of Homœopathy and the wards of the London Homœopathic Hospital are open. In both institutions medical enquirers will be heartily welcome.

### THE NEW YORK STATE HOMŒOPATHIC ASYLUM FOR THE INSANE.

THE following extract from the annual report of this very well managed institution is interesting :—

“The results of the year prove anew the striking benefits of benign medication, combined with the most modern of hygienic and sanitary measures for promoting the physical and mental restoration of insane patients. Increased experience in the use of drugs after the homœopathic formula demonstrates the certainty of their action on the part of some remedies in some classes of insanity, mania and melancholia, notably melancholia with stupor being particularly susceptible to the beneficial action of appropriate medicines. It is with peculiar satisfaction that we record the cure of several cases of melancholia with stupor, during the past year, with *baptisia tinctoria*; for thus the uses of this remarkable drug have been developed in a new and untried field. I now use this remedy with that confidence which happy experience warrants. The domains of dementia, general paresis, and epileptic insanity still form ‘debatable grounds’ as to whether any remedies have, to any marked extent, any prompt or beneficial effect.

“Medicine has its happy uses, and a wide and benign scope of power; but it has its limits likewise, beyond which it cannot pass. And yet, even when medicine fails, our efforts to afford relief may not stop, for we have still always present the vast resources of diet, air, exercise and diversion. The physician to the insane who would neglect these and rely upon a course of drugging (which sometimes proves more hurtful than otherwise, since drugs, like water and fire, are dangerous elements when misapplied), will often meet with bitter disappointment, and fail in accomplishing the fullest results for good which are at his command.

“Most of our patients, when admitted, present the appearances of physical as well as mental degeneration. They are, in fact, simply worn out and shattered wrecks of humanity. We find here both disease to combat and dreary wastes to be repaired. Drugging can no more meet the demands of a wasted system for repair than the oiling of machinery can become a substitute for

the coal and water that are needed for the generation of steam in the engine. That which manufactures good blood, keeps it pure in its courses, sends it in a ceaseless and vigorous current through the arteries, and causes it to give tone and energy to the nerves, is a necessity for recuperating from exhaustion. It is a just demand which the debilitated insane make upon us for supply. We reiterate what we have stated in our former reports that, in addition to cautious medication, we rely largely for the cure of our cases upon abundant and nourishing food, an un-failing supply of pure air, a constant attention to personal cleanliness and the free use of the bath, appropriate out-door exercise, moderate and judicious labour for those who are strong enough to work, profound and protracted rest where that is deemed advisable, and proper and agreeable diversion for all.

“These are the methods adopted for the treatment of the insane at this asylum. To get the weak and wasted fat and strong is our first endeavour. Then comes regular exercise in the form of walks, drives, strolls over the hills and practice in the gymnasium. To out-door exercises are added in-door amusements of an exhilarating nature in the form of weekly dances. To those accustomed to toil, and to those who are willing, we furnish, as far as possible, agreeable and moderate employment. We do not, however, drive our patients to uncongenial tasks, since our supreme effort is to restore them to health, not to make them a source of profit or excessive economy to the asylum.

“Yet the aggregate of work cheerfully performed at this institution amounts really to a large and notable sum. The men have been engaged on the farm, in the garden, in keeping the walks trimmed, in cultivating flowers, in aiding the general work of the wards, kitchen, laundry and boiler-house; and the sum total of this labour for the year amounts to 4,950 days' work. This is a good showing, especially when we consider that by far the greater number of our men are unable to work at all.

“In the department for female patients there have been performed 5,320 days' work of sewing. Nearly all the plain work of the house, such as the manufacture of sheets, pillow-cases, towels, napkins, dresses and aprons, together with the necessary mending, has been done by patients. More than this, they have assisted in keeping the wards in order, and in beautifying the same by tasteful decorations of autumn leaves and other ornamentation for the walls and furniture. Everyone who is willing and able can be furnished with something light and agreeable to do, even if it is not remarkably profitable.”

## THE CARLSBAD WATERS TREATMENT.

IN a paper read at the Philadelphia Medical Society (*Phil. Med. Times*, May 7th), Dr. Bruen, after admitting the value of the Carlsbad salt (especially when administered highly diluted whilst fasting), observes that it does not represent the waters as they issue from their natural sources. It is, indeed, after all, only Glauber's salt; while the waters, in addition, also contain (in the pint) thirteen grains of carbonate of sodium and two of sulphate of sodium, besides a fair amount of chloride of sodium, some carbonate of lime and magnesium, with free carbonic acid, at a temperature varying from 122° to 166° F. Speaking from personal experience at Carlsbad, he says that the cases resorting thither may be divided into three classes—1. Enlargement of the liver and spleen, as a consequence of repeated congestions, induced by chronic dyspepsia or chronic malarial disease; interstitial hepatitis, or the primary stage of cirrhosis, especially when jaundice and insufficient intestinal digestion persist; and the cases of chronic indigestion with deficient assimilation, whether or not constipation be a prominent symptom. 2. Cases of chronic rheumatism or gout. 3. Cases of the gouty state, or those obscure cases attended with renal congestion or inactivity, as evidenced by the passage of a deficient amount of urine of low specific gravity, usually associated with deficient vaso-motor tonus. These cases are subject to transient attacks of headache as hysterical nervousness.

The springs differ from each other chiefly in temperature and in the amount of carbonic acid. Patients usually rise at six, and spend about two hours at the springs, taking at fifteen minutes' interval three or four ounces of the water. Beginners usually indulge in from twelve to sixteen ounces a day, and the amount is often carried up to twenty-four or thirty ounces. Exercise is taken while drinking the waters. A strict diet is necessary for the success of "the cure," and consists of a light breakfast of eggs, bread, and coffee, with meat (steak or chicken) at noon; the same meal being repeated in the evening. No one under treatment must venture on a *table d'hôte*, or even a more liberal meal. Early hours and moderate exercise are insisted upon. Most persons experience a laxative action, although some require compound liquorice powder to obtain motions. Without exception, individuals experience the most profound exhaustion, and extreme anæmia usually ensues. The urine is usually notably increased, and is sometimes of a blackish-green colour, the stools also being often greenish. Notwithstanding these effects, the treatment is continued for three or four weeks, when the patient is sent to Ischl, St. Moritz, or some other springs, the waters of which contain iron, and then the blood crisis is restored. In persons

weakened by previous long illness, recuperation is very slow; and Dr. Bruen believes that often the treatment is pushed too far in such cases. Sir Henry Thompson believes that as good an effect is produced by six to eight ounces of the water daily for six or seven weeks as by the usual three-weeks course of larger doses. In serious cases a repetition of the course every three or four months is desirable if the patient's strength will bear it, and too much must not be expected from a single course. Dr. Bruen believes that the restriction placed on articles of diet contributes much to the favourable results. Thus, alcohol or fermented liquors must either be relinquished or given only in the most diluted and purest form; sugar, fatty matters, butter, cream, and fruits are prescribed; while vegetables and good fish are unattainable.

The "after-cure" consists in sending the patient to some mountainous resort possessing a ferruginous spring, two places being just now in vogue—viz., Ischl in the Tyrol, and St. Moritz in the Engadine. Dr. Bruen gives the preference to Ischl on account of its equable climate, good hotels and interesting adjacent country. At St. Moritz the climate is variable, and there is but one month in which it is really comfortable—viz., July or August, as the case may be; and even then the temperature may vary fifteen or twenty degrees. The climate is too cold (60° to 65° Fahr.) for anæmic people, while the hotel accommodation and the drainage are both bad. The waters are, however, good, and containing only a small proportion of iron, are well digested; and baths consisting of the same water, heated as required, are very agreeable and exhilarating. As a careful reparative diet is of high importance, and is not obtainable in this locality, Dr. Bruen believes it preferable after the "cure" to return home, even at the cost of having to repair to Carlsbad a second time.—*Medical Times and Gazette*.

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### HOMŒOPATHY IN THE ISLE OF THANET.

WHILE discussions on homœopathy *versus* allopathy have been going on of late in the medical journals and the *Times*, and in many of the provincial papers, the battle has likewise been carried on in the *Kent Argus* by our esteemed *confrère*, Dr. Harmar Smith, of Ramsgate. Dr. Smith, in a very spirited manner, gave a public lecture on homœopathy, and this has been the *casus belli*. Dr. Smith has waged the war almost single-handed, and of course has the best of the argument. Newspaper controversies may be thought by many to be futile, but we think otherwise. The profession as well as the public require to be enlightened, and the more clearly and frequently the doctrines of homœopathy are brought before the public,

together with the shallow replies of the old-school, the more is the good cause of Hahnemann forwarded. We congratulate Dr. Harmar Smith on the public spirit he has shown, and trust he will find his reward in the consequent spread of a desire for homœopathic treatment in Ramsgate and the neighbouring important watering places.

### BUTTERFLIES AND ALPINE FLOWERS.

DR. HERMANN MÜLLER, who has long been well known as one of the most zealous students in the new flower-lore, has just published, at Leipzig, a most interesting volume containing the results of six years' investigations of plant fertilisation among the high Alps. What mainly engages Dr. Müller's attention is the modification which flowers of the plains undergo in adaptation to a mountain life; and, in order to arrive at definite conclusions, he has stationed himself day after day, during the summer months, among the belt of pastures which intervenes between the snow-line and the highest limit of pine forests, watching, noting down, and if possible catching all the insects which visited certain special groups of blossoms during many hours consecutively. He is thus enabled to show by regular statistics—which he schedules with true German patience and accuracy—what are the particular sets of insect fertilisers to which each species of mountain plant has adapted itself. It has long been noticed that while bees and beetles, two of the most important groups of flower-fertilisers are relatively most numerous on the plains, flies are somewhat more common at greater heights, while butterflies are relatively far more frequent along the higher mountain slopes. But Dr. Müller goes much beyond such rough generalisations as these. He treats the matter numerically, and gives actual per-centages in place of mere records of general impressions. For example, he finds that for every 100 visits of butterflies to flowers in the plains there are 614 above the forest-line; while for every 100 visits of bees and their allies in the plains there are only 25 above the forest-line. In other words, on the mountains the butterflies increase more than sixfold, whereas the bees decrease by nearly two-thirds.

From these differences in the insect fauna of the plains and the mountains it naturally follows that many plants which spread from the valleys to the Alpine pastures must undergo certain changes of form 'or colour, in adaptation to their new haunts. For if flowers which lay themselves out for bees or beetles make their way into regions mainly tenanted by moths and butterflies, they must either fit themselves for fertilisation by new agencies or else die out altogether for want of setting seed. Dr. Müller's observations now show almost conclusively that all the peculiarities of larger size and more brilliant colour which everybody

has noticed in the flowers of the upland pastures are strictly correlated with this difference in the insect fertilisers. In short, Alpine blossoms are in many cases valley blossoms adapted to butterfly tastes and butterfly habits. Sometimes, it is true, the normal form and hue of certain flowers are equally adapted to either class of visitor. Thus the pea-blossoms, vetches, and other like species, are fertilised in the lowlands by seventy-three bees to every seventeen butterflies; while in the Alps they are fertilised in the proportion of only forty bees to every fifty-six butterflies. But in an immense number of cases the flowers necessarily undergo special modification, because their lowland shape prevents the possibility of their fertilisation by any insects except bees. For instance, the gentians of the plains have wide tubes, through which the bees creep to get at the honey, and in so doing brush the pollen from one blossom against the stigma of another. But in such blossoms a butterfly can insert his slender proboscis and steal all the honey without touching the stamens at all, and so without doing the plant any service in return. Accordingly, Dr. Müller points out that the mountain gentians have, on the contrary, long and narrow tubes, so arranged that the proboscis of the butterfly must come in contact with the pollen before it can reach the nectary. In another genus the mouth of the lowland blossom has been entirely closed in the mountain form, and a special butterfly-door has been developed on the upper lip for the accommodation of the new guests; while a pair of bright violet valves on either side help to attract the colour-loving butterflies, and to point out to them the path to the honey. An intermediate form, growing in the mid-slopes, has both the bee-mouth and the butterfly-door, and is fertilised by both kinds of insects alike.

It is not only in such structural details that mountain blossoms undergo modification in adaptation to their altered habitat. Alpine flowers are almost always larger and more brilliantly coloured than their congeners of the plains; and they tend to grow gregariously, in considerable patches, as in the case of those masses of blue gentians which every traveller must have observed hanging in belts on the sides of the Bernese Oberland in early spring. The reason is that butterflies flit very high and far, and so require large fields of bright colour to attract them: while bees, which fly low and pass from one flower to another in its immediate neighbourhood, are sufficiently enticed by small and relatively inconspicuous blossoms, such as thyme or lavender. Dr. Müller shows how the brilliant and scented pinks, which are butterfly-flowers, have been probably developed from certain pale and scentless congeners which are fly-flowers. On the other hand, the butterfly is not particular as to minute distinctions of hue; all it asks for is plenty of red, blue, or yellow, and it is

satisfied as long as it can see its blossoms afar off: whereas the careful, honey-storing bee, having to make provision for the hive, not only to gratify its own errant tastes, sticks closely to one kind of flower at a time, and is therefore benefited by marked distinctions of colour between one species and its nearest allies. Hence it happens that bee-flowers are distinguished by great variety of hue between the different species of a single genus. In this way Dr. Müller accounts for the very varied colours of the dead-nettles and the clovers. The German investigator also confirms an observation already published in this country that many butterflies display a marked liking for flowers of the same colour as themselves: a point of taste which is of importance from its bearing on the curious question of selective preference on the part of insects for beautiful or variegated mates, which Mr. Darwin has so fully worked out from another stand-point.

It is worth notice, too, that enquiries of this sort, purely otiose and of mere scientific interest as they seem at first sight, are yet not always without some practical value. For many years common English clover had been sown annually in New Zealand from imported seed; but the plants had never set any seed of their own, and the cost of importation was a serious item to the sheep-farmers. Mr. Darwin had already pointed out, however, that clover is entirely fertilised by humble-bees, which do not exist in New Zealand; and some seasons since a small cargo of humble-bees was shipped to the colony, where they established themselves as readily as all European plants and animals almost invariably do there. The clover has since begun to sow itself. In fact, every year horticulturists are now more and more distinctly recognising the great importance of insects in all matters of acclimatisation and the setting of fruit or seeds. —*St. James's Gazette*, Feb. 19th, 1881.

## OBITUARY.

THOMAS R. LEADAM, M.D., M.R.C.S. (Eng.); L.R.C.P. (Edin.)

WE regret to have to record the death, at the age of 72, of one who was for many years a prominent figure in the homœopathic world.

Thomas Robinson Leadam was born on the 22nd November, 1809, and was the third of a generation of medical practitioners, his father and grandfather having been in the profession. After leaving Merchant Taylors' School he studied at Guy's and the London Hospitals, and had charge of a maternity charity before commencing private practice, with the view of perfecting himself in midwifery, which branch he always made a speciality. He took the diploma of the Apothecaries' Company in 1830, and that of the College of Surgeons in 1832. During the first outbreak of cholera, he had charge of a ward in the workhouse of

St. John's parish, specially set apart for cholera patients. In 1836, he entered into partnership with his father, married his first wife in that year, but was left a widower with two sons in 1839. This affliction seriously affected his health for some time. In 1838, he met a homœopathic doctor, whose name is forgotten, at the table of the celebrated Dr. Elliotson, who succeeded in interesting Leadam in homœopathy so far as to induce him to buy a book and a case of medicines. He made six trials of it, three were successful, the other three being failures, and he then gave up further thought of the new system. In 1844, he was appointed an out-door parochial medical officer, which post he retained for five years.

His father died in 1845, leaving Leadam with the whole burden of the practice. In 1846, he married a second time. In 1848, he had a case which caused him much anxiety. A middle-aged woman was liable to frequent threatenings of apoplexy; she liked being cupped, but Leadam felt that he was really doing her harm, the good being only apparent and temporary. He then bethought him of his former homœopathic studies, resolved to give the system another trial, and with the aid of his new remedies he cured his patient speedily. This result induced him to study homœopathy thoroughly, and to put it anew to the test in several severe cases of acute disease. Mrs. Leadam well remembers his mingled anxiety and delight at the results he obtained, his large private and parish practice affording him ample field for testing the truth of homœopathy.

From this time he became an enthusiastic homœopath, working away quietly till he was prepared to come out openly as a homœopath, which he did in 1850, settling in Wyndham Place, Bryanston Square, and disposing of his former practice to a partner whom he had previously taken. Before leaving his practice, the cholera broke out again in 1849, and Mr. Leadam had wonderful success from homœopathic treatment in the cases under his charge. He treated over 1,500 cases, many of them of a very severe type. On his coming out openly as a homœopath, Mr. Leadam, being of a sensitive nature, felt keenly the loss of many of his former professional acquaintances, but when truth was at stake, he considered private feelings of secondary importance. He started a dispensary in Adam Street, and another in Welbeck Street, and when the hospital in Golden Square was opened, he was appointed to the care of the diseases of women and children, which post he retained till 1878. During this period he delivered a course of lectures on diseases of women. From the time that he began homœopathic practice, he devoted himself specially to his favourite branch, obstetrics and gynæcology, his knowledge and skill in this department being universally recognised and appreciated by his patients and his *confrères*, and earning for him the leading consulting practice in this line.

In 1852, he published a work on "*Diseases of Women and Children*," for which he received the diploma of M.D., from Cleveland, Ohio, U.S. In 1867, he took the diploma of L.R.C.P., at Edinburgh.

Till the autumn of 1878, Dr. Leadam continued to enjoy an extensive practice, and was never so happy as when he was hard at work. In that year, owing to severe anxieties and heavy pecuniary losses in New Zealand investments, he had a slight paralytic stroke, Mrs. Leadam noticing when he came down to breakfast on his birthday, that his face was drawn to one side. He always had a presentiment or dread of being paralysed, and though he rallied from this attack, he was much depressed, owing to the onset soon after of a large carbuncle in his right hand. From this time it was noticed that he began to fail, both mentally and bodily, and though he was able to hold on in practice till 1876, his friends then strongly advised him to retire. This he did, finally, in March, 1877, retiring to Mortimer, in Berkshire. In 1878, he had another stroke of paralysis, and again in 1879, leaving him in an almost helpless condition. In August, of the present year, he had another attack, and he sank peacefully on the 5th of September.

Dr. Leadam was universally beloved, and we know that when he retired from practice his patients felt his loss deeply, not only as a physician, skilful and kind, but as a friend in whom they could trust. He was always looked up to by his professional brethren as the soul of honour, and now that he is taken to his rest, we, from our personal knowledge of him, can look back on his life as that of a perfect gentleman, a genial and kind friend, and a hardworking physician, who did much for the cause of homœopathy. He lived to a good age, and we can only regret that, after so many years of hard work, his years of retirement afforded him so little enjoyment, owing to the gradual breaking up of his health.

Dr. Leadam leaves a widow and a family of five sons and seven daughters to deplore his loss.

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## CORRESPONDENCE.

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### LONDON SCHOOL OF HOMŒOPATHY.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—Will you kindly insert the following report, which it is intended to bring forward for discussion at the Special General Meeting of the School.

I hope those interested in the maintenance of a school for the teaching of medicine from its homœopathic point of view will rally round the carefully revised scheme, and not only continue

their subscriptions, but induce their friends and patients to give liberally according to their means towards not only the support of the present school, but to its increase, so that it may ultimately become an established medical school, with complete recognition.

Yours truly,

WILLIAM BAYES, M.D.,

88, Lansdowne Place, Brighton.

Hon. Sec.

TO BE SUBMITTED TO THE SPECIAL GENERAL MEETING TO BE  
HELD ON TUESDAY, OCTOBER 4TH, AT 5 P.M.

*Report of the Sub-committee appointed on March 14th to draw up a report of the changes needed in the Constitution and Rules of the London School of Homœopathy at the end of the probationary period of five years, ending December 15th, 1881, and re-appointed at the Annual Meeting.*

The sub-committee have, as requested at the annual meeting held April 12th, 1881, reconsidered the whole question, and conclude that it is better to continue the delivery of—

- 1stly. The Annual Hahnemann Lecture, as the introductory lecture to the winter session.
- 2ndly. The Lectureship on Materia Medica and Therapeutics, embracing a complete exposition of the art and science of homœopathy in relation to remedial agents.
- 3rdly. The Lectureship on Principles and Practice of Medicine, embracing a complete exposition of the art and science of homœopathic medicine.
- 4thly. A Lectureship on the Institutes of Homœopathy, embracing its literature and principles.
- 5thly. The practical instruction, by clinical lectures and otherwise, of students, at the bedside and in dispensary practice, in any hospital or dispensary in which homœopathy is practised in such a manner as to be satisfactory to the medical council of the school.
- 6thly. That such other lectureships as may from time to time appear to the authorities to be desirable, may be added to the school until a complete medical school is constituted.

As to the constitution of the school, it appears to the sub-committee that it will be desirable to simplify its executive.

The following modification would probably meet all requirements: a President; a Treasurer; three Trustees and two honorary Secretaries; an Executive Committee, consisting of not less than six Governors, elected at the annual meeting each year; a Finance Committee, consisting of three members, one being a Trustee, the Treasurer, and one of the Honorary Secretaries. A Medical Council, consisting of medical Governors—also elected at the annual meeting each year.

The sub-committee recommend that the rules and laws of the London School of Homœopathy should be remodelled on the above basis, and that a sub-committee should be appointed by the meeting to prepare and submit revised rules for the future guidance of the school to the next general meeting of subscribers and donors on Thursday, 15th of December, next ensuing. It will be seen that the above scheme differs materially from that submitted to the last annual meeting. On enquiry it seems that the scheme then presented does not, at present, meet with unanimity of approval from those deeply interested in the welfare of the hospital. In the absence of absolute unanimity it is better to defer the question of closer union of the school with the hospital, for future consideration.

## NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Contributors and Correspondents are requested to notice the alteration in the address of one of the Editors of this *Review*.

Dr. BERBIDGE,—We are obliged to you for your correction. The fact of Hahnemann having been acquainted with the existence of the acarus, had escaped the notice of the writer of the article.

Communications, &c., have been received from Dr. HASTINGS, Major VAUGHAN-MORGAN, and Captain MAYCOCK (London); Dr. BAYES (Brighton); Dr. HAYLE (Rochdale); Dr. SHARP (Rugby); Dr. STANLEY WILDE (Nottingham); Dr. LEE (Philadelphia); Dr. CASAL (Mentone), &c.

## BOOKS RECEIVED.

*The Transactions of the International Convention held in London, 1881.*—*The Homœopathic World.* London.—*The Students' Journal.* London.—*The Chemist and Druggist.* London.—*Burgoyne's Monthly Journal of Pharmacy.* London.—*Annual Report of the Canterbury Homœopathic Dispensary.*—*The Hahnemannian Monthly.* Philadelphia.—*The New England Medical Gazette.* Boston.—*The Medical Advance.* Cincinnati.—*The Medical Call.* De Quincy.—*The United States Medical Investigator.* Chicago.—*The Homœopathic Physician.* Philadelphia.—*The Clinical Review.* St. Louis.—*The Therapeutic Gazette.* Detroit.—*The Medical Counsellor.* Chicago.—*The American Observer.* Detroit.—*Homœopathic Journal of Obstetrics.* August. New York.—*Address of the President of the American Institute of Homœopathy.* 1881.—*L'Art Médical.* Paris.—*Bibliothèque Homœopathique.* Paris.—*Revue Homœopathique Belge.* Brussels.—*Allgemeine Hom. Zeitung.* Leipsic.—*El Criterio Medico.* Madrid.—*Boletino Clinico del Instituto Homœopatico de Madrid.*—*La Reforma Medica.* Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE DAWN OF FREEDOM OF OPINION IN MEDICINE.

THE events of the last few months, so far as they have borne upon homœopathy, have done good service in drawing professional attention to the subject. They have brought into prominence the ignorance, which so extensively exists among medical men, as to what homœopathy means, what it is, and how it is carried into practice; and, at the same time, have displayed the intolerance with which it is regarded. "Intolerance," said Mr. HAWARD the other day at St. George's Hospital, "has always been associated with ignorance." We know no more striking example of this, than that afforded by the resolutions of the British Medical Association, passed thirty years ago. They were essentially intolerant of homœopathy, and of all who, understanding and appreciating it, practised homœopathically, while they were passed by a body of men not one of whom understood anything whatever about the subject he denounced, and vehemently refused to tolerate. Of these the late Dr. HORNER, of Hull, was one. On his return from Brighton, after the meeting, he was requested by a few of his medical friends in Hull to strengthen them in their opposition to homœopathy by giving them a lecture upon it, so as to provide them with arguments

against it. For the first time he felt his ignorance. He knew nothing about homœopathy. But, as he had promised to lecture on it, he set to work to examine the subject, and this with the sole object of exposing what, he assumed, were its fallacies. To this end he read several books, setting forth its principles and method. And, by way of demonstrating its worthlessness, he tested homœopathically indicated medicines in disease. To his surprise his patients, so treated, improved as he had never seen them improved by medicine before. Suffice it to say, his lecture was not delivered. He could but have told his friends what he had seen, and the conclusions at which he had arrived—and these were precisely the reverse of those they desired to listen to!

Every member of that Association was as ignorant of the subject as was Dr. HORNER. This ignorance is slowly being dispelled, and, in proportion as it is so, does toleration become more pronounced. Dr. BRISTOWE, for example, though far from accepting homœopathy as true, chiefly we doubt not because he has merely read about it, and has not seen homœopathically selected medicines prescribed, knows yet enough to compel him to exhibit, towards medical men practising homœopathy, a degree of toleration previously unknown in this country. Not only does he exhibit such toleration himself, but he advocates its exhibition by others; and he does this at the annual meeting of the very Association which has made a resolution not to tolerate homœopathy a *sine quâ non* of membership!

That there are many members of the profession who view the relations which ought to subsist between homœopathic and non-homœopathic practitioners much in the same way as do Dr. BRISTOWE and Mr. HUTCHINSON, we do not doubt, but they have hitherto felt unable to speak out, or have been unwilling to risk a possible loss of professional *status*

by doing so. They have been unconscious of their real strength. Now, however, that men so prominent, and of such reputation, have expressed such sentiments, they are beginning to show that courage of their opinions which required some well ascertained sense of safety to display itself openly.

A large, and we doubt not a very large proportion of the profession, are as ignorant now of what homœopathy is, as were the members of the Association who met at Brighton thirty years ago; and therefore they are as intolerant of any discussion of its principles, of any intercourse with those who believe it, as were their fathers. Some of these men have essayed to show that all their fellow members are as ignorant, as narrow, and as intolerant as themselves. For example, we find that a special meeting of the Lancashire and Cheshire Branch of the British Medical Association was held at Liverpool on the 21st of September, for the purpose of once more condemning homœopathy and homœopaths to perpetual ostracism. Dr. R. C. BROWN, of Preston, occupied the chair.

The meeting was summoned by circular: "To take into consideration the subject of consultations with homœopathic practitioners, bearing in mind the resolutions passed thereon by the Association in 1858 and 1861, and also the late editorial articles in the *Journal*, as well as the addresses in Medicine and Surgery delivered at the late meeting at Ryde; and to pass such resolutions as may be deemed desirable in the interests of the profession and the Association."

Nearly eighty members were present.

The resolutions on this subject, passed by the Provincial Medical and Surgical Association in 1851 and 1852, and those passed by the British Medical Association in 1858 and 1861, were read by the Secretary.

Dr. Fitzpatrick of Liverpool moved, and Mr. Lund of Manchester seconded, the following resolutions.

1. "That this meeting repeats and confirms the resolutions passed by the Association at the meetings held at Brighton in 1851, and at Oxford in 1852, and at Canterbury in 1861, in all that relates to the practice of homœopathy and the recognition of its practitioners by the members of the medical body."

2. "That this meeting considers that it is inconsistent with professional honour and honesty for practitioners of medicine or surgery to meet homœopathists in consultation, and repudiates the views expressed by the readers of addresses in medicine and surgery of the late meeting at Ryde."

On the consideration of the first resolution, an amendment was moved by Dr. H. Lowndes, of Liverpool, and seconded by Mr. Hakes, of Liverpool:

"That in the opinion of this meeting, every member of the British Medical Association is entitled to the freest exercise of his own individual judgment in regard to the question of meeting in consultation gentlemen who practise homœopathy."

After a prolonged discussion, in which Drs. Waters and Glazebrook and Mr. Manifold of Liverpool, Drs. Leech, Borchardt, Samelson, Ross, Cullingworth, Sinclair, and Messrs. Walmsley and Emrys Jones of Manchester, Dr. Colley March of Rochdale, Dr. Godson of Cheadle, and others, took part, the vote was taken, when 23 voted for the amendment and 26 against.

The amendment being lost, the previous question was then moved by Dr. Harris of Birkenhead, and seconded by Mr. Dacre Fox of Manchester. Dr. Fitzpatrick then withdrew his resolutions, and the previous question was agreed to *nem. con.*

One can easily imagine the consternation with which such a revelation, as that with which this meeting terminated, must have been received by those who, trusting too implicitly that their fellow members had, like themselves, learned nothing and forgotten nothing during thirty years, had called upon them once more to repudiate homœopathy and homœopaths! We can fancy the look of happy confidence with which the proposer of the resolution and his earlier supporters would have addressed the meeting, and

how this would gradually give way as views broader and more intelligent found expression, until a sense of dismay and bewilderment took possession of them when they found that in a large meeting of the Branch, one in which forty-nine members took part in the discussion, they could not carry their resolutions !

We have little or no doubt that this meeting very fairly reflects medical opinion everywhere. The report of the meeting, which we have quoted from the Association journal, is brief, and hence Dr. LOWNDES, who moved the amendment, thought it right to send for publication in the journal a statement of the line of argument he took in proposing it. This he did in the following letter :—

SIR—At the meeting of the Lancashire and Cheshire Branch held here a few days ago, the amendment I brought forward in favour of perfect freedom of individual judgment was rejected by a narrow majority. The excellent but brief report of the meeting did not and could not give the speeches delivered on the occasion, though some of them were extremely interesting.

I simply explained that I had long felt that all practitioners, as soon as they were duly qualified, were entitled to perfect freedom of thought and action, might freely use all such remedies as commended themselves, and might meet whoever could give them assistance in their art, and might avail themselves freely of all the discoveries, of whatever kind, the unknown future may bring forth ; that absolute freedom of thought was the very breath of our nostrils. Also, that an association founded for scientific and social purposes degraded itself into a trades' union, or a Boycotting machine, when it hampered and harassed its members by telling them what line of practice they were not to adopt, and what kind of practitioners they were not to meet.

I wish now to be permitted to expatiate a little more freely on this subject, and I will try not to be tedious. The question then, to my mind, we have to consider is, not whether it is right or expedient to meet certain practitioners ourselves, but whether

it is right for us to compel others not to meet them ; to say to others, " You must not and shall not meet them, and you must not and shall not meet anyone else that meets them." " Must " and " shall " are words highly distasteful to the English mind.

And what is the penalty to be exacted for meeting these tabooed gentlemen ? Expulsion from this Association, the only association that bands the profession together, and one which, looked at in its scientific and social aspects, commands our high respect, and with many of us, a much warmer feeling. It is difficult now to conceive how resolutions of so arbitrary a character could ever have been passed unanimously by our meetings. If some despotic monarch had commanded us not to meet these gentlemen, or for that matter if he had commanded us to meet them (a thing not one whit more tyrannical), how we should have rebelled, or how servile we should have thought ourselves if we had submitted.

It may be said that we live in strange times, and that strange diseases demand strange remedies. But the times are always strange. There have been the days of Dr. Sangrado ; there have been the grand times of Louis XIV., when the state of the profession afforded so delightful a field for Molière to revel in. And here I must venture to give a translation I once made of a little scene from this writer's *L'Amour Médecin*, which sounds strangely familiar to medical ears.

A consultation of doctors is going on ; each has already related what a long round of visits he has paid, and what distances into the country he has been ; then M. Tomès says, " By-the-bye, now, what do you think of the quarrel between the two doctors, Theophraste and Artemius, for it is a matter on which the whole profession is divided ? "

M. Defonandres : " For my part, I am for Artemius. "

M. Tomès : And so am I. Very true, his advice, as people say, may have killed the patient, and that of Theophraste may have been much better ; still, the latter did wrong under the circumstances, and ought not to have had a different opinion from his senior. What say you ? "

M. Defonandres: "I quite agree. Formalities must be observed, happen what may."

M. Tomès: "For my part, I am as strict as the deuce, unless it be among friends; and one day we had met, three others of us, with a strange physician, for a consultation, when I stopped the whole affair and would not allow an opinion to be given on the case if things were not done in order. The people in the house pressed us all they could, and the malady was very urgent, but I would not yield a bit, and the patient died bravely during the dispute."

M. Defonandres: "It is very right to teach people how to conduct themselves, and to bring them to a sense of their errors."

M. Tomès: "A man dead is but a man dead, and makes no matter; but a formality neglected does a notable mischief to the whole medical profession."

The public in those days, as in these, may have reasonably been puzzled with the formalities of the profession; and, while they laughed, it must still have been with an uncomfortable feeling that things were not altogether arranged for their benefit.

I have a strong opinion that the relations between the profession and the public can never be quite satisfactory until every practitioner has the free use of his own independent judgment as to whom he shall meet, and whom he shall decline to meet. He can then give, if he pleases, reasons that may commend themselves to people's common sense, and not be obliged to confess that he is simply obeying the dictum of others. But, independently of the question of expediency, every man's right to this measure of freedom is surely indefeasible.

My amendment, as your readers may know, was simply this: "That, in the opinion of this meeting, every member of the British Medical Association is entitled to the freest use of his own independent judgment in regard to the question of meeting gentlemen who practise homœopathy."

In conclusion, I willingly concede to the framers of the resolutions, that seem now so archaic, the merit of the best intentions, and of a perfervid zeal for the honour and dignity of a

profession that happens, however, to be not altogether unable to stand without artificial buttresses.—I am, sir, yours obediently,

Liverpool, September 26th, 1881.

HENRY LOWNDES.

Other letters, exhibiting precisely the same kind of feeling, have appeared in the medical journals. Meanwhile the journal of the Association makes no sign, but the *Lancet* and the *Medical Press and Circular* are obviously much depressed at the outlook. The comments of the former on the Liverpool meeting are as follows:—

“The ill-advised utterances of leading members of the profession at Ryde, following upon the line of action pursued by another leading member in the recent case of an ‘illustrious invalid,’ have already borne bad fruit. The Lancashire and Cheshire Branch of the British Medical Association has—by a very small majority, it is true, but substantially—refused to affirm the unwritten law of the profession, that the practitioners of scientific medicine shall not meet homœopaths in consultation. This is a grave decision, and one of the first questions which it suggests, after the regrettable episodes of the General Meeting at Ryde, is whether the profession is to understand that the British Medical Association, with its branches, is wholly given over to a libertine disregard of honour and consistency?”

In the teeth of such an expression of opinion on the part of the members of the Lancashire and Cheshire Branch, it further says: “If the British Medical Association is to be understood as sanctioning the contempt of moral obligation involved in the *pretended* consultation of ordinary practitioners of medicine with the professors of a ‘system,’ it will become a question whether those members of our cloth who retain their self-respect can continue members of the Association.” Does the *Lancet* mean to suggest that men like Dr. LOWNDES and Mr. HAKES, and those who supported them, have lost their “self-respect?”

On more than one occasion have the *Lancet* and *Medical Press* appealed to the Committee of the Council of the

Association for a *pronunciamento* denouncing all professional intercourse between homœopathic and non-homœopathic practitioners, and repudiating the more liberal views uttered at Ryde; but the Council has met, and its members have separated without perpetrating such an act of stupidity, such an anachronism.

It is thus perfectly clear that the knell of intolerance has begun to toll. It has done so in obedience to increased knowledge. Knowledge of a subject and intolerance of its discussion are incompatibles. We desire that the existing knowledge of homœopathy should increase until we have not merely toleration of it, but its full and complete appreciation. To this end it behoves us to use every means in our power. Our literature must be increased and more freely disseminated. Our school must be supported, and enquirers, as to what homœopathy is and how it is practised, invited and encouraged to attend its lectures. We are glad to know that the classes this year are much more fully attended than they have been previously. The school forms a centre at which instruction is not only given by lecturing, but by replies to questions put by enquirers, and by assisting them to test homœopathy for themselves. Its organisation is, as our readers will have learned from our last number, about to be revised. The tentative or experimental shape it received five years ago is about to be re-modelled, and to be so framed as to ensure its permanency. We trust that it will receive a full measure of support from all who are interested in extending a knowledge of homœopathy. Never before was an institution of the kind more necessary, never before did the one we have show more evident signs of being a success, or of being favourably regarded by those on whose behalf it has been instituted.

## STUDIES IN THE MATERIA MEDICA.

By D. DYCE BROWN, M.A., M.D.,

Physician to the London Homœopathic Hospital, and Lecturer on Practice of Medicine in the London School of Homœopathy.

No. XI.—*Baptisia Tinctoria* (*Wild Indigo*).

*Baptisia* is one of the most valuable gifts we have from America. It takes a very high rank in our *Materia Medica*, being beautifully limited in its sphere of action, but of inestimable service in that sphere. It is one of the few medicines we possess which produce a genuine pyrexia. It has, in fact, two great *foci* of action. 1, in fever of a certain type, and 2, in acute catarrh of mucous membrane. It meets several medicines at certain points, viz., *aconite*, *belladonna*, *bryonia*, *rhus*, *mercurius*, *gelsemium*, *arsenicum*, *kali bichromicum*, *pulsatilla*, and *eupatorium perfoliatum*, while it differs from all these in a marked manner.

The fever of *baptisia* is characterised by chilliness, and great restless uneasiness, followed by full, frontal headache, dry heat of skin, increase of pulse, and excited action of the heart, approach to delirium, sleeplessness after 2 a.m., and most noteworthy of all, extreme aching in the muscles of the back, from the neck to the sacrum, and with such an amount of tenderness in the back, that the ordinarily soft, restful bed feels hard, and as if he were lying on a board, inducing a painful restlessness and tossing about in order to obtain an easy position, and yet the headache and backache are worse on movement. Wherever this condition exists, *baptisia* acts like a charm, and is more indicated than any of the allied remedies I have named.

Still more, of course, will *baptisia* be called for if there is present the acute mucous catarrh, which forms the second great sphere of this medicine. We trace this irritation of the mucous membrane all the way down from the eyes. The eyes are red, and water easily, with aching in them; there is sneezing and nasal catarrh, extending down to the pharynx, which is red, feels raw and dry, and then secretes much mucus. The mucous membrane of the mouth is involved, even to ulceration, the tonsils and fauces are red and swollen, causing desire

for deglutition, and pain in swallowing. The tongue is at first white, with red papillæ, then becomes yellow in the centre, while the edges are clean and red. Viscid saliva is secreted, and there is a flat taste in the mouth. In the stomach *baptisia* causes much pain and tenderness, nausea, flatulence, and vomiting, with loss of appetite and thirst. The duodenum is tender, and causes pain, which is referred to the right hypochondrium. The liver also is probably affected also, through the propagation of the catarrh along the common bile-duct. The whole intestinal mucous membrane is involved, causing not only the duodenal pain just mentioned, but pain in the whole abdomen, tenderness on pressure, distension from flatulence, rumbling, desire for stool, with, in some cases, constipation, but more frequently soft papescent diarrhœa. The patient sleeps in the first part of the night restlessly, then wakes in a state of febrile heat about 2 a.m., and lies awake, tossing uneasily. There is some heat in passing urine. The respiratory mucous membrane is also affected, though in a less degree. Hoarseness, slight mucous cough, and feeling of tightness in the chest, are felt, with pains referred to one or other lung, generally the right.

We see, then, how clearly *baptisia* is the remedy for acute gastro-intestinal catarrh, or for what is correctly termed "gastric fever," in opposition to true typhoid. This may be either looked upon as a fever, with gastro-enteric catarrh, or as an acute gastro-enteric catarrh, of which the fever is a symptom.

We see also why *baptisia* should be of value in the early stage of true typhoid fever, being symptomatically homœopathic to it. Whether it has the power it is credited with, of cutting short true typhoid in the first week, is a point on which different opinions are held, and into which I do not here enter; suffice it to point out how homœopathic it is to the early stage of it, while clinically it certainly is of great value in the amelioration, at least, of the symptoms then present.

Again, in cases of acute mucous catarrh, even though not involving the whole gastro-intestinal tract, *baptisia* ought to be of the greatest service, and will rival *aconite*. Thus, in febrile "cold in the head," in acute naso-faucio-pharyngeal catarrh, in acute gastric catarrh, and acute

enteritis, or enteric catarrh, or in simple febrile diarrhœa with soft pappy stools, *baptisia* is well indicated, ought to be, and is of the first importance.

That these statements are borne out by the provings will be seen from the detailed summary of the pathogenesis, which I now proceed to give. I may add that, if the case is complicated by a certain amount of bronchial irritation and sense of tightness in the chest, so much the more will *baptisia* meet these conditions.

*Mind.*—The effect of *baptisia* on the mind is to produce first a dull gloomy feeling, with low spirits, with weakness of brain function. "Cannot confine his mind; sort of wild wandering feeling." "Mind seemed weak rather than confused." "Indisposed to think, want of power to think." This is seemingly the preliminary to the second stage of febrile excitement—"a sort of excitement of the brain which is the preliminary, or rather the beginning of delirium. With him it never fails to take place if the fever continues, and increases to considerable intensity." This state is in harmony with the febrile condition which *baptisia* so markedly produces.

*Head.*—There is a dull, confused, heavy feeling in the whole head, with swimming sensation. Headache is prominent, almost entirely frontal, with pressure at the root of the nose. The frontal pain is of a dull, pressive, full character; worse from noise, or on stooping. Sharp pains are also felt in both temples. One prover notes—"Vertigo and sensation of weakness in the entire system, especially in the lower limbs, with weak knees." A sensation as if the skin of the forehead was too tight, is noted several times. This state of the head is evidently a febrile one, and just such as is experienced in the onset of fever.

*Eyes.*—The eyes look shining, and the conjunctival vessels are dilated, causing redness. The eyeballs ache, feel "sore and lame" on moving them, and feel as if pressed into the head. Prover feels difficulty in keeping the lids open. There is pain also over both eyes; some confusion of sight, and lachrymation in the open air.

These also are evidently symptoms of the general fever; the redness and lachrymation being indications of the mucous membrane irritation that exists everywhere.

*Ears.*—Dulness of hearing is all that is noted.

*Nose.*—Here we find the mucous catarrh showing itself by sneezing and “feeling as after taking a severe cold,” mucous discharge, and dull pain and pressure at the root of the nose. These symptoms, with those of the eyes and head, show that *baptisia* will rival *aconite* in the beginning of an acute febrile “cold in the head.”

*Face.*—The face not only *feels* flushed and hot, with burning of cheeks, and “burning and prickling of left side of face and head,” but it is noticed that the face is perceptibly flushed and hot.

*Mouth.*—The tongue indicates distinctly the state of febrile mucous catarrh; it is at first white, with reddish papillæ seen here and there, then becomes yellow in the centre, the edges being red and shining. The tongue feels dry, swollen, and as though it had been scraped. The gums become sore. Ulcers also form in the mouth, there is increased flow of viscid saliva, the lips stick together, and there is a “flat,” bitter taste in the mouth.

*Throat.*—The condition here is very marked. There is a feeling of contraction and soreness, causing frequent efforts at deglutition, a scraped, burning feeling, and tickling, causing cough. The fauces and tonsils are distinctly red. The pharynx is red and congested, with a sense of dryness and roughness, a raw sensation or pricking there. This extends up to the posterior nares, and is followed by increased secretion of viscid mucus.

We thus see how homœopathic *baptisia* is to an acute febrile catarrh of the nose, involving the mucous membrane of the mouth, tonsils, fauces, and pharynx. In this its action calls to mind *aconite*, *belladonna*, *mercurius*, and *kali bichromicum*—in fact, it would seem to combine the effects of *acon.*, *bell.*, and *mercurius*, and ought to be valuable given alone in such cases.

*Stomach.*—In this organ we notice the extension of the mucous membrane irritation of an acute type, causing loss of appetite, thirst, nausea, and desire to vomit, very marked pain of a drawing character, and “distress” in the epigastrium and right hypochondrium. The pain in the latter is probably partially from the liver, as we shall see in the next section, but chiefly from catarrh of the duodenum, extending along the common bile-duct. *Baptisia* stands thus almost unrivalled in acute gastric catarrh,

whether existing alone or as part of a general acute catarrh of the whole gastro-intestinal tract, and also in acute duodenal catarrh.

*Abdomen.*—Severe pain is felt at the liver, of a dull character, with soreness, and is much aggravated by walking. This pain is, as I have said, probably as much or more from the duodenum as from the liver. There is dull aching pain in the umbilical and hypogastric regions, with pain on pressure, distension, flatulence, rumbling, and desire for stool. The pain goes into the groin and testicles. Here again we have evident enteric catarrh, the pain, tenderness, distension, rumbling, and desire for stool being characteristic of this state, and pointing out *baptisia* as a most important remedy in this condition.

*Stool and Anus.*—The marked feature here is the diarrhoea; the stools being dark, soft, papaceous, with much mucus. In other cases, there is constipation. These two conditions are not antagonistic, as we know that catarrh of the upper portion of the bowel is attended by rumbling and desire for stool, but actual constipation, while diarrhoea exists, when the catarrh affects the ileum and colon. In one case, when constipation was produced, piles became troublesome. It is to be noted that the colour of the stools is only once mentioned, and then they are said to be "dark." This supports the view I have expressed that the pain in the right hypochondrium is as much, if not more, duodenal than hepatic. If the liver were much involved, the stools would probably have been pale.

*Urinary Organs.*—There is "a sort of burning" when urinating; the urine is high-coloured, and in one case was neutral to test-paper. The "sort of burning" is what is usually felt in a febrile condition.

*Respiratory Organs.*—The catarrh of the mucous membrane is also here visible, though not nearly so marked as in the digestive apparatus. There is hoarseness, tendency to cough, increased secretion of bronchial mucus; with feeling of oppression, tightness and difficulty of breathing, and in one case, "soreness of right lung."

This tightness and oppression is, in fact, the most marked feature. One prover thus describes it. "On lying down, difficulty of breathing, in half an hour, becoming so great that he was obliged to rise; afraid to go to sleep from feeling of certainty that he should

immediately have nightmare and suffocation. This difficulty of breathing is not so much from constriction of the chest, as from a feeling of want of power in the respiratory apparatus, such as he had only felt during a fever."

*Chest.*—In this section are repeated the symptoms of tightness and oppression, with difficulty of breathing, and pains referred to both lungs, chiefly the right.

*Heart and Pulse.*—There is increased throbbing in the heart, felt distinctly by the prover, and feeling as if filling the chest. The pulse becomes quick, up to 100, in some weak, in others full and soft. This is in keeping with the general state of fever.

*Neck and Back.*—The symptoms in this region are very important to notice, as they form the key to the use of *baptisia* in cases of fever when there may be no marked acute mucous catarrh. The muscles of the neck and back feel stiff, and ache severely. This aching and stiffness is worse on walking. That in the lumbar and sacral regions is particularly severe. A proving is thus recorded: "Dull pain of the sacrum, compounded of a feeling as from pressure and fatigue from long stooping, and soreness extending around hips and down right leg." Other provings in the same strain, classed under "Generalities" in Allen, ought really to be named in this section of the back. As they are important, I quote them entire. "Rheumatic pains and soreness all over the body." "Stiffness of all the joints, as though strained." "Feel stiff and sore all over; dread to move." "Each time after waking from the nightmare, the parts on which he lay soon became exceedingly painful, especially the sacral region and hips. After lying for not more than ten minutes upon the back, the sacral regions became intolerably painful, as though he had lain upon the bare floor all night, and inducing the conviction that a short continuance of the position would produce bed-sores. When turning on the other side, the same sensation was produced in the hips, obliging him at last to turn on his face to relieve these parts." "Intolerance of pressure on all parts on which pressure was made. Could not rest back against chair without pain from the pressure. Obligated to change sitting position every few minutes from same cause. Even the feet became equally painful from resting on the floor." These symp-

toms are very marked, are frequently met with in a case of fever, when one's attention is drawn to them as indicating a medicine, and, as I have just said, when present with fever they indicate *baptisia*. Clinical results amply confirm this statement. Patients often describe it as that the bed feels so hard.

*Upper and Lower Extremities.*—Aching and drawing pains are felt in all the muscles, sometimes numbness of hands and feet; prickling numb feeling, as if the parts were going to sleep.

*Generalities.*—There is a very restless state. He cannot sleep quietly. "Wants to sleep, and yet does not want to." In evening restless, uneasy feeling. Wants to move about from place to place. With this restless feeling there is a sense of weakness and prostration and utter weariness, with general sore, tired, bruised feeling. "Indescribable sick feeling all over." In one case, "paralysis of the whole left side" is noted. This weary weakness is evidently part of the incipient febrile state.

*Skin.*—Only the following is noted:—"Livid spots appear all over the body and limbs, size of pea to three-cent piece; thickest on body; without sensation; not elevated, and irregular in shape—after six weeks.

*Sleep and Dreams.*—The provers almost all record the same condition, namely, sleeping till one, two, or three o'clock a.m., waking uneasily, sometimes with a feeling of tightness in chest or suffocation, oftener after a nightmare or frightful dreams, and then lying awake, tossing about, or sleeping very restlessly, with troubled uneasy dreams. This form of sleeplessness is common in a febrile state. It is also common in other states of dis-health, and is much more difficult to cure than sleeplessness occurring in the first part of the night. *Baptisia*, then, will be one of our few medicines which meet this form of sleeplessness.

*Fever.*—There is marked chilliness in the evening, followed by dry heat, the face particularly feeling hot, with which the prover awakens at two or three a.m. Only once is perspiration said to have followed the heat, and then it was accompanied by vomiting and diarrhoea.

## PHOSPHORUS IN PNEUMONIA AND SOFTENING OF THE BRAIN.

By Dr. W. ARNOLD, HEIDELBERG.

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THERE must be an internal as well as an external similarity between the morbid manifestations and the action of the drug. As an example for our study let us take *phosphor*. This drug offers many symptoms, which according to the law of similarity hint its application in inflammation of the respiratory organs. It has been recommended in pneumonia complicated with bronchitis, in pleuritic exudations, in exudations into the parenchyma of the lungs, in hepatization, even when well advanced, in pneumonia during the course of tuberculosis, in great depression of the vital force, a weak cough, when pulmonary paralysis threatens, when nervous symptoms appear or are already present, in lung fever during typhus epidemics, in those of old people, especially when they had been troubled for a long time with chronic nervous cough and shortness of breath. I acknowledge that such indications are not of much importance to us, though nobody denies that *phosphor*. did good work in some such cases, but too often in similar cases other drugs are better indicated, and the reason of it is, because such expressions fail to show a state, evincing itself as a pathologico-therapeutical specialty. Cl. Müller truly designates *phosphorus* only suitable for those cases of pneumonia where with the dyspnœa and difficulty of breathing we meet also pains, especially stitching, caused or increased by coughing and breathing, or in pleuro-pneumonia, where the scanty expectoration contains mucus or bloody mucus and breathing is rendered difficult even in the pulmonary parts free from inflammation. In such cases we also meet depression of the mental faculties, light bland delirium with carphologia and subsultus tendinum, rapid loss of strength, cold clammy sweat, with rapid pulse, lustreless eyes, sunken hippocratic face, dry lips and tongue without thirst, short laboured respiration with slight and difficult cough and expectoration, oppression and anguish, involuntary defecation. In his essay on pneumonia (*H. V.*, I., 158) the same author leads our attention to the changes in the blood produced by *phosphor*., and I may be allowed to add that *phosphor*. not only diminishes the coagulability of the blood,

dissolving the blood corpuscles and changing the colour of the blood into violet, but it also causes a discharge of it into the tissue of the organs and hemorrhage by its passage from the blood-vessels. We must not forget that *phosphor.* cannot produce an inflammation in its strict sense in order to understand fully when *phosphor.* is indicated in pneumonia. Because *phosphor.* produces in animals poisoned by it redness of different parts of the body, some physicians considered it as a stimulant indicated in different inflammations. In all my experiments in the cadavers of animals killed with *phosphor.* I never witnessed an unusually strong development of the capillaries nor a stagnation of the increased bloodmass accumulated therein, I rather found in the lungs of these animals livid spots, often more than usual filled with blood, which hyperæmia caused in some cases a firmer state of the lung-tissue, so that on some parts crepitation was absent. I never observed a fully formed hepatization of the lungs, but Bibra observed hepatization and partially tubercular formation, perhaps because he used the *phosphor.* in the form of vapour immediately on the lungs for some time. The blood accumulated in the lungs was darker, violet, of a bad colour and fluid. He found also larger and smaller spots of the same colour, caused by the exuded blood, which were also in the pulmonary mucous membrane, and the mucus was often mixed with blood. Totally different are the changes in the lungs after the action of *acon.* I found considerable accumulation of blood in the lungs after the application of *acon.* or extract of *acon.*, especially in strong, well nourished animals; far less so in weaker or poorly nourished animals and none at all after loss of blood. I found the blood accumulated, especially in the blood vessels, in the arteries as well as in the veins, where it coagulated, so that copious coagula could be found in either one. The quantity of blood in the pulmonary blood vessels was often so large, that decided pulsations and lateral movements could be seen in the pulmonary arteries, when opening the chest of such animals during life. Flow of blood into the tissue of the lungs or upon the mucous membrane is more rarely observed with *acon.* than with *phosphor.* Hence, the cases suitable for *acon.* are diametrically opposed to those suitable for *phosphor.* By comparing the changes in the lungs with the manifestations which these drugs produce during life and with observations on the sick bed, we find a great

similarity, and to find out the internal changes of the organ affected must be therefore of great importance, and only thus the selection of the drug can be justified. According to commonplace expression we might say that *acon.* corresponds to pure, genuine inflammations, *phosphor.* to the so-called typhoid ones with dissolution of the blood. But I do not consider such differentiation of great importance, as it is neither scientifically nor practically of great value. Every physician, practising according to the specific method, knows that besides *acon.* other remedies may be indicated in pure pneumonia, and that *phosphor.* is not the only remedy in the so-called typhoid pneumonia. We discard, therefore all such nomenclature, and also that old misleading definition of inflammation. We keep in view rather the hyperæmia and then by studying all the cases of intoxication we find *phosphor.* indicated according to the law of similarity where the following state is present: Fulness of blood in the lungs, fluid quality of the blood, diminished calibre of the blood-corpuscles, or more or less their dissolution, decrease or loss of the coagulability of the blood, its exit into the tissue of the lungs, pleura or pulmonary mucous membrane, admixture of dissolute and miscoloured blood with the bronchial mucus, bloody expectoration, especially such of bad quality; fulness of blood with the presence of pulmonary tubercles. The degree, the duration and formation of the hyperæmia gives no hint for or against the use of the drug, it is applicable in hyperæmia, stasis and hepatization, when the blood is of the quality just mentioned. Where physical examination, observation of the sputa and of the quality of the blood exuded from this or that part of the body, where the state or mode of life of the patient as well as the *noxæ* to which he was exposed, or the endemic and epidemic influences prove that the lungs are the part affected, and if we then also find the manifestations produced by *phosphor.* on the healthy body, showing a dissolution of the blood and a peculiar hyperæmic state in the lungs, we may in such a case prescribe this drug with the greatest confidence, and its effect will leave nothing to be desired. I succeeded best, where with the characteristic symptoms in the lungs I also found more or less: sensation of oppression, rendering breathing difficult, complaint of weakness in the chest which with the impossibility of taking a deep inspiration causes a fear that breathing may stop

entirely; sensation of fulness in the chest, of increased heat, sometimes of burning; stitches here and there in the chest (not so very characteristic, but not contra-indicating the drug), respiration with rattling murmurs and difficult expectoration of mucus mixed with blood; rare dry cough and laboured expectoration though the chest may be filled with bloody mucus, which in other cases may be easily and copiously expectorated; cough followed by oppression and anguish; hemorrhage from other parts, especially epistaxis, with the same bad quality of the blood; dull pain in the head, especially in forehead, dulness of head, stupefaction, even loss of consciousness, delirium; great lassitude, a paretic loss of power in the extremities; cool, placid skin, especially coldness of the extremities with heat of the head; cool sweat with the sensation of malaise, accelerated pulse, more frequent than rapid, mostly soft, sometimes small, easily suppressed. In such cases a rapid cure followed its application, though it also acted well in other cases where its peculiar bloodcrasis was not so fully developed, and where, therefore, the manifestations during life were not so decided. This is especially remarkable in so-called pneumonia when typhus is prevailing; whereas, many cases undoubtedly need *phosphor.*, others show no such characteristic symptoms so that the prescriber may hesitate to select it, and still they find in *phosphor.* their best remedy. Such observations might have been the cause of the general recommendation of *phosphor.* in pneumonia, but they ought only to urge us on to study diligently the epidemic constitution.

In *softening of the brain*, *phosphor.* is also of great value. In my experiments on animals, I constantly observed softening of the central parts of the animal nervous system, especially of the brain, less so of the cord (Hygea 23). This is nothing astonishing, as *phosphor.* acts as a solvent on different organic tissues, especially albuminous matter, and as it is an essential part of the central mass of the animal nervous system. This is not only of great interest in relation to science, but practically I demonstrated its great value in softening of the brain.

A farmer, æt. 40, rather delicate from infancy up, and who could well stand the hard labour of a farmer's life, is married for ten years, but never had any issue. Since his marriage his bodily vigour is still more failing; coition always weakens him for several days, and latterly even for

weeks ; but only the last twelve months he is really sick. His morbid state developed gradually, and his attending physician diagnosed it as an incurable softening of the brain. I saw the patient for the first time in February, and found him paralyzed on the left side. The paralysis attacked especially the extremities of the left side, the upper and lower one, less the face and the tongue, though speech was somewhat difficult. Paralysis was not total, as the patient could make some motions, had sensitiveness to the touch, and without any cause he felt pain, which sometimes became severe in the affected arm and leg, with short, involuntary movements. There is a kind of stiffness in the affected parts so that it costs some effort to flex or to move them. He complains of paroxysms of vertigo, dulness of head, the faculty of thinking is not free and memory is imperfect and slow. When questioned it takes him a long time to answer ; replies are short and imperfect, as much from inhibition of the mental faculties as from the heaviness of speech. Little appetite, defecation rare and laboured, so that he used purgatives frequently. Sleep restless, often interrupted, and after awaking patient felt the worst, whereas formerly, when he passed most of the time out of bed, he arose usually very late. The right non-paralyzed side could be moved, but he never felt safe in his movements ; if he wanted to grasp something he did it tremblingly, and had no power to hold it with firmness. The patient showed everywhere the picture of lassitude and powerlessness. Vision had decreased, he complained of a veil being before his eyes. Features pale, only overspread by a transient redness after an exertion or when taking some hot nourishment. The change of temperature was remarkable, heat and cold were equally disagreeable to him, and when chilly he felt inclined to stretch, in which also the paralyzed limbs participated. I prescribed *phosphor.*, 2d dec., in solution, to take ten drops three times a day in water. After sixteen days I saw him again and found him remarkably improved ; the right extremities felt stronger and more moveable, and also more sensitive to impressions ; the head was more clear ; he replied more easily and quicker, and expressed hopes of returning health ; he looked better, ate better, and was able to be up each day for a few hours ; well supported he could walk about the room, though he dragged the left leg considerably. Medicine repeated twice a day. Amelioration progressed steadily

for the next two weeks, but the patient complained of pains in the affected limbs, and the skin over them was covered with red spots, similar to scarlatina. *Phosphor.* was now omitted and *bellad.* 6x, given twice a day, one drop, and after five days changed it to the fourth. The pains and redness disappeared, I do not know whether to ascribe it to the *phosphor.* or to the action of *bellad.* As no amelioration followed I returned to *phosphor.*, twice a day ten drops of the third decimal solution, but still improvement was slow, but steady. He perspired copiously every night, and pocks appeared here and there on the skin. After ten days I found the patient greatly changed; he was up nearly the whole day, walked about without support in his garden. All medicine omitted and good nourishing diet with plenty of fresh air recommended, and he hoped soon to attend again to his business. Six months have passed, and though not entirely cured he feels comfortable and satisfied with his present state of health.

A delicate girl, æt. 19, not fully developed, with scanty, watery menstruation or amenorrhœa, had chlorosis for the last two summers. She lives with her mother and two sisters in a small, damp room, has to work hard notwithstanding her insufficient nourishment. For the last two weeks her strength entirely left her; she complains of dizziness, restless sleep, general malaise, is forgetful and replies slowly. Nov. 20th. She fell from her chair, was unconscious for quarter of an hour, made some spasmodic motions, felt somewhat stiff when consciousness returned, and complained of vertigo, so that she feared to fall. Nov. 24th. She had another attack, moaned in breathing, the left side moved spasmodically, the right side was stiff. She got *pulsat.* After two days consciousness returned, but the whole right side was paralyzed, motorily as well as sensorily. The paralyzed limbs were stretched out and it took some force to bend them; the lower maxilla could only be moved with difficulty, for if requested to put out her tongue, she pressed the lower jaw-bone down with her hand, and then succeeded only imperfectly; the tongue could hardly be protruded and she could only utter inarticulate sounds; the faculty of speech was lost. *Phosphor.* 8x, four times a day, ten drops in some water. Dec. 6th. I observed the first traces of sensation and motion in the paralysed thigh and leg. Dec. 8th. She could move the leg slightly, though only with great exertion; the mouth

could be opened a little and the tongue somewhat protruded, rather more to the right side. Dec. 10th. The right hand was more sensitive to the touch, and she tried to move it; she also could pronounce some words, as apple, bread. Dec. 15th. Sensitiveness had returned nearly to the upper arm, motion was easier but not perfect, supported she could walk a little about the room, but hardly any improvement in speech. Dec. 24th. Amelioration had steadily progressed, though there was some weakness still in the axillary joint. Walking was nearly perfect, speaking easier, only she complained of a weakness in the larynx, and she could not open her mouth fully. She looked well though it took her some time yet to feel well. Jan. 10th. Menstruation appeared with some pains, after having been gone for six months. It lasted a few days, showed no influence on the motory apparatus, but speech was a trifle less clear during its continuance. Sometimes the girl could not find the right word and used a similar expression instead. Towards the latter part of January she could speak plain enough when quiet, and only some emotional disturbance prevented her from speaking plainly. She took the *phosphor.* up to the 15th of December when she complained of some frontal headache and pain at the upper part of the right arm, when the drug was omitted for five days and resumed on the 20th. From that time forward all medicine was left off.

In both cases according to mere external similarity many more drugs might seem to be indicated, and considering only the superficial appearance of these manifestations, the selection would be difficult. But keeping in view the origin of the disease, which in its symptoms suggested softening of the brain and knowing from my experiments on animals that *phosphor.* produced it, I prescribed it in both cases with confidence, in as much as the external manifestations corresponded well.

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### A CLINICAL CASE.

By S. H. BLAKE, M.R.C.S., Liverpool.

BESIDES the well known application of *bryonia* to the dyspepsia, bronchial affection, and chest-wall symptoms characteristic of this medicine, there occasionally occurs a peculiar cesophageal symptom which is much more rarely

met with in practice, but which, when found associated with the other conditions indicating *bryonia*, may be effectually cured by it, as the following case will illustrate:—

Margaret B., aged 15, of sanguine temperament, and sedentary occupation, presented marked anæmia. *Ferrum carb.* 3 x dose ter die was ordered, and continued for a fortnight, when she came again, and now complained of indigestion, with flatulent distension of the epigastrium, and in addition pain in the left side at the sixth and seventh ribs, the pain catching her when making inspiration. Besides this, there was the peculiar œsophageal symptom—"the food when eaten seems to lie on the chest, as if it had not gone down" the gullet, giving to her the sensation as if it continued to lie at a spot corresponding with the upper third of the sternum, just as if "choking her," to quote her own words. She even had to "take a drink" after eating solid food, in order "to get the food down." *Bryonia* 1 x a dose every third hour. This was on August 23rd. She did not find it necessary after this to get more medicine, and so did not come again until October 11th, when she came with a slight cough, having felt quite well in the interval, and she reported that the indigestion and other symptoms had been quite cured by the medicine. No doubt, however, but some anæmia had still remained, as I observed it on the date last named. The œsophageal symptom referred to is not a common one in my experience. Perhaps it may only occur a few times in some hundreds of cases treated, but it occasionally crops up so that it is interesting to confirm the clinical use of *bryonia* for this symptom.

The most like to this that I find recorded in Hahnemann's *Materia Medica Pura*, run thus: "Pressure in the œsophagus, as if he had swallowed a hard angular body." Again, "she cannot get the food and drink down [for?] she has a choking in the œsophagus (sensation when swallowing as if the throat were swollen internally, or were full of mucus, which cannot be got rid of by hawking)," these symptoms being recorded among the provings of *bryonia alba*. Taken with the stomach symptoms, and especially if superadded, to cough with bronchitis of the upper chest region they appear to me to give good reason for the selection of this medicine. How different is this condition of swallowing from that indicating *fluoric acid*, the dysphagia of which may be traced in certain cases to the

lower end of the gullet and œsophageal orifice of the stomach with its symptom noted during swallowing, as if the solid food passed over a wound or sore, causing intense pain, and how different again from the burning pain of the dysphagia of oxalic acid! But again, as regards substances possessing medicinal virtues of closer resemblance to those of *bryonia*, we have, for dysphagia of solids, *bell.*, *ign.*, *lach.*, *lycopod.*, *stram.* (Cypher Ry.). *Belladonna* causes a sensation of contraction in the gullet, or as if it were drawn together which prevents swallowing; and

*Ignatia*, a neurosis, with the sensation of a lump rising up, and actually worse when not swallowing.

*Lachesis*—constriction feeling of suffocation; symptoms increased by pressure on the throat, and there may be an opposition offered to the food at the cardiac orifice. With

*Lycopodium*, the pharynx feels contracted, as if nothing could be swallowed, and a paralytic inability to swallow.

*Stramonium*.—The aversion to water, and spasms of the throat on attempting to swallow, or the paralytic inability to swallow (Cypher Ry.) are characteristic of this medicine of the group when compared with the foregoing, and for a group of medicines such as this, the symptoms of each medicine, even so clearly defined as these are in the *Materia Medica*, serve well to differentiate our ideas concerning their therapeutic uses, and the extent to which they may prove of value in various diseases of the throat. When we consider these local throat symptoms, and add to them any gastric, hepatic, cardiac or cerebral symptoms, should the patient present such—and this will often be the case—to further confirm our selection; then we are in a capital position to effect the object we have in view. In this manner we may obtain a group of medicines separated off clinically from others by a general character, so far as the group is concerned in itself, yet of a specified or peculiar quality as compared with other drugs, viz., by the symptom, the dysphagia of solid food (Cypher Ry.): yet, nevertheless, this group forms but a small numerical proportion out of a great number of medicines bearing the homœopathic relationship to dysphagia in some shape or other. Nor, on the other hand, can we say that these few medicines are the only ones absolutely that cause dysphagia for solids. *Fluoric acid*, for instance, possesses this symptom in reality, and especially painful dysphagia for bread, and doubtless, for most if not for all solid foods.

## ASTHENOPIA\*

By W. H. WINSLOW, M.D., Pittsburgh, Pa.

THERE are many sensitive women who have a great deal of trouble with their eyes, out of all proportion to any cause apparent in the organs. They cannot read or sew without suffering from an aching of the eye-balls, heat and twitching in the lids, and more or less head-ache, both frontal and occipital. There is shrinking from bright light, and the glare of snow-fields and sheets of water; giddiness is not infrequent, and nausea occurs occasionally.

These symptoms and some others, are grouped under the term *Asthenopia*, a Greek derivative, signifying "weak eye."

The history of a patient affected by asthenopia varies with each case, but will be something like this: She has used her eyes too long in a dim light, has strained them over fine work; has worked too assiduously upon a black dress, or has been obliged by her occupation to use her eyes many hours every day. Another lady will confess that she has used her eyes during illness or convalescence, to glance over the paper or read a new book, to finish a bit of embroidery, or just to mend a rent in Johnnie's pants.

The first giving way of the eyes is sudden, and laid at the door of some extra work, or some imprudence; but the patient will recall that the eyes have felt a little strained and watery, perhaps, months before, especially if the asthenopia has occurred when there has been continuous fair health.

Steady work, strain, illness, predispose to the affection, but there frequently exists some defect in the curvature of the cornea or lens. The patient can't see to read or sew without pain; the ciliary muscle has lost some of its power to accommodate, and the harmonious relation between accommodation and the convergence of the eyes has been destroyed. The ciliary muscles and the internal recti are correlated parts of the ocular apparatus, and contract and relax together. The strong lose power of accommodation through excessive demands upon the ciliary muscles; the weak through inherent weakness of muscular fibre.

The invalid don't believe she has abused her eyes. To be sure, the room was darkened a little, she was bolstered

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up in bed, or reclining in a chair, and her eyes felt a little weak at the time ; but it was so short a time, she was so tired doing nothing, and, then, it didn't hurt.

She kept all her other muscles at rest, by peremptory order from the doctor, and didn't know that the ciliary muscles and the recti got weak with their kind of tissue, and also demanded rest. She didn't know how these muscles have to work to see near objects ; she thought seeing was as easy and effortless as sleeping.

Thus necessity, in those whose livelihood depends upon much visual labour, and ignorance and imprudence in the invalid, lead to troublesome eye symptoms ; which, in some neurotic persons, prove very obnoxious to treatment.

Asthenopia occurs in both sexes, and requires a long disquisition to do justice to the subject, but this is neither the time nor place for such a work. I have said that an organic defect exists in many eyes that show symptoms of asthenopia. This defect is of such a nature, generally, that the individual who uses the eyes much for near work is almost sure to find it out sooner or later, without having done anything imprudent.

The most common defect is hyperopia, or, so-called far-sight, *i.e.*, the patient can see far away better than near ; in contradistinction to myopia, in which the far sight is not so good as the near. The far sight in hyperopia, however, *is not so good as with the perfect eye.* It is the attribute of the uneducated and uncivilized, and found most commonly in sailors, Indians of the plains, and desert-wandering Arabs.

Myopia, on the contrary, is the attribute of the educated and refined, and is most prevalent where schools flourish and culture is broad.

Hyperopia consists of a shortening of the antero-posterior diameter of the eye, in comparison with the refraction of the media. The ball may be too short, or the cornea and lens too flat, the effect will be the same : parallel rays of light will not be focussed upon the retina—will not come together—and the images of objects will be blurred, unless the ciliary muscle does an extra amount of work. When the ciliary muscle contracts, it makes the lens more convex. In the normal eye, the muscle can change the shape of the lens, so that a small object may be seen when brought within a few inches of the eye. In the hypermetropic eye, the muscle makes the lens convex enough by extra effort, so that the defect is masked, and one can see near for a time.

very well. This demands much work of the muscle ; and as age advances, and the lens stiffen, or the muscle becomes weak from improper use of glasses, excessive demands for fine work, or trivial use during a debilitated state of the system ; seeing things near, or accommodating for the near point, requires considerable effort, causes strain and pain, and is often impossible. Any attempt to use the eyes in such a condition causes various unaccountable neuralgias about the eyes, forehead, and occiput, and is likely to injure the visual organs permanently.

The ciliary muscle gets in a spasmodic condition by the patient's attempts to see near, and it is a very difficult task for those who have not studied eye diseases carefully to determine what is the matter. The accommodative asthenopia may be simple weakness in the muscle, it may be weakness of the muscle attended by the hyperopia described or, with one or both of these, there may be another refractive anomaly called astigmatism.

This consists in a lack of symmetry in the different meridians of the cornea or lens. The radius of curvature in one meridian is shorter than that of the meridian at right angles to it. It greatly complicates a case, and often requires hours of careful examination to arrive at its correction.

Astigmatism diminishes the vision greatly, and the person affected will necessarily hold things nearer and nearer, in proportion to its degree, in order to enlarge the visual angle, and to see plainer. This will give the friends and physicians *a false impression that the person is near-sighted or myopic*. Be on your guard about this. A good many doctors have been fooled. It is the family physician's duty to recognise all the curious eye symptoms which his patients present, and not pass them over lightly, nor treat them with medicine continuously, until satisfied by a critical examination at the hands of an expert that no physical defect exists. The physician is not honest with his patient nor just with himself, who goes on treating a sufferer in the dark, when perhaps an examination would reveal an organic defect, that can be corrected by glasses.

In all suspicious cases, it will not hurt any physician's practice or reputation to call the specialist to his aid. I do not say this because I am a specialist, but because it is true. These eye troubles *will* go the specialist—if not to me, to others in Pittsburgh and the east ; and the physicians

of both schools have been bitterly blamed by patients, in my office, because they did not send them for examination sooner.

The treatment of accommodative asthenopia is mechanical, hygienic, and medicinal. I place these in the order of their importance. The refraction of the eye must be examined, and a proper glass ordered. This is a difficult task. The opticians do it after a fashion, and make distressing mistakes. It seems a simple thing. The patient can't see near, a convex glass will make her do it; that's the thing, then. So the optician decides; but the number of glasses that will help a patient to read at eight to twelve inches, frequently bring on terrific pains, even when they relieve the ciliary muscle considerably. The muscle gets in a spasm often, and then all glasses except concave ones are refused emphatically. Who would suppose a person requiring a convex glass to relieve distressing asthenopia would see better both far and near with a concave one? Yet it is even so; and, Gentlemen, I assure you that not only scientific opticians, but oculists of considerable reputation, make mistakes in selecting glasses for asthenopia. I've done it myself, and am not ashamed of it. Every oculist sympathises, especially young ones. I order about two hundred pair of glasses a year; and at least two-thirds of the cases have worn from one to six pair before, according to the advice of some "*scientific optician*," or some oculist with the hay seed still in his hair.

The proper use of glasses preserves sight, and is the *sine qua non* in all cases of asthenopia.

Build up the general health, improve the personal and local hygiene, and diminish the use of the eyes to a minimum for awhile. There is no need to expatiate in this direction; every educated physician knows the importance of good food and clothing, a healthy home, and rest, for a damaged organ.

Medicines have a limited value in this affection. *Conium* has proved very valuable, especially in women with some uterine disorder, and a very exquisitely-tuned nervous system. The retina is very hyperæsthetic, the patient shrinks from bright light, and even the glare of a mirror; and the other symptoms of asthenopia are marked.

*Cedron* has done good service. Shooting pains in and about the eyes, extending to the back of the head; pain and pressure from temple to temple, and weakness, dependent

upon the malarial cachexia, are leading symptoms calling for this remedy. *Spigelia* covers much the same symptoms, occurring in a rheumatic patient. *Cinchona* is one of the best remedies in debility and anæmia of the retina and nerve; and *phosphorus* cannot be dispensed with. *Agaricus*, *euphrasia*, *ignatia*, *physos.*, and *ruta*, are occasionally indicated. These medicines will relieve temporarily, but nothing will cure till the proper glass is ordered.

### SEA-SICKNESS.—ITS CAUSE AND CURE.\*

By R. N. FOSTER, M.D., CHICAGO.

It would be wholly unprofessional for any physician to cross the Atlantic and return without bringing with him a theory of, and cure for, sea-sickness. Hence, these remarks, which are founded upon an observation of about fifty cases of that malady. Before witnessing these cases, I had always entertained the notion (which I think is the prevailing one), that sea-sickness was invariably a disturbance of the stomach—consisting essentially in a state of extreme nausea, accompanied by more or less vomiting. But, in fact, there are many forms of sea-sickness, in some of which nausea is not present at all. Without attempting anything like a pathological classification of these forms, I may say briefly that the one only and essential factor of sea-sickness in every form is

*Motion.*—By which I mean that it is not primarily a disease of the gastric mucous membrane, or of the liver, or of the cerebellum, or of the nerve periphery. Any organ in the body may be diseased or sensitive, and this fact may cause such organ to feel more quickly the influence that occasions sea-sickness, or it may not. The nervous system is perhaps that part of the organism most generally involved, but it is not necessarily the first or only part affected. The circulatory apparatus may in many cases be the first to feel the disturbance of motion; which it then transmits to the terminal nerves. The whole body of a terrene animal is by habit, and by nature, accustomed and adapted to life on a motionless foundation. All of the movements, automatic and volitional, of such organisms, are accustomed to refer themselves to a fixed *pon eto* or basis, which is the constant fulcrum of their operations.

\* Reprinted from the *United States Medical Investigator*, Sept., 1881.

And whenever this foundation or fulcrum is itself set in motion, as in earthquakes, carriage-riding, swinging, or sailing (all of which alike cause the same symptoms), then this motion of the animal's resting-place, clashes with the motions of the animal fluids, and solids, with the movements muscular and molecular of the whole frame, and with the sense of security to which they have been accustomed—in a word, the little animal world is thrown into utter confusion by the introduction of this one new element of a moving basis. It is as if every element in the body experienced the sensation that the individual feels when in descending a stairway he miscalculates the number of steps, and unexpectedly descends one step more when he thought he had taken the last. Everyone has experienced the brief but unpleasant sinking at the epigastrium, or "all-gone"-ness, occasioned by such a mis-step. Now, the motion of a ship on the water is an endless series of such mis-steps, with the additional mischief that the steps are irregular in time, inconstant in direction, and of ever-varying length. Something similar also is witnessed in the sudden taking away of any mental, moral, or emotional support, to which we are accustomed. In such cases as when shocked by the quick announcement of the death of a much beloved friend or relative, the subject whirls around us from vertigo, falls helpless, and is oftentimes attacked with nausea and vomiting. When Robert Dale Owen learned that Katie King, the wonder working medium, was an impostor, his belief in spiritualism, upon which he had built the whole of a life-long series of thoughts and philosophies, tottered to its base, and the whole fabric tumbled into the chaos of insanity—in his case a mental sea-sickness, not seldom encountered by those who go down into deep waters.

The peculiar swells of the vessel are thought by some to have much to do with sea-sickness, and doubtless they do aggravate the condition. But that is all. The sick stomach is the more easily nauseated, whether by the odour of food or by the mere thought of it, or by the odour observed on board of ships.

This, then, is probably the sole cause of sea-sickness,—*the motion of the vessel.*

But let me not forget another illustration, which is this: We all know how variations of altitude affect the heart's action, and how intimately such disturbance is associated with nausea. It is probable, therefore, that the sudden

variations of altitude experienced on ship-board have much to do, by suddenly altering the blood pressure in various organs, with the phenomena of sea-sickness. That a very slight increase or decrease of the normal blood-pressure will cause very great disturbance, we know from many illustrations furnished by pathology.

Furthermore, sea-sickness is not always a *sick-ness*. Some are rendered very nervous, apprehensive, and sleepless; some enter into a state of torpor or semi-somnolence; some are afflicted with diarrhoea; and some with nausea and vomiting. All these phases of the disease may be observed among any twenty passengers selected at random from those on board. At least, it was so on my voyage out, and also on the voyage back. There are probably other forms of the malady, which I did not detect.

But, howsoever numerous the disturbances may be, they all refer to one cause,—the undulations of our temporary habitat. A final negative evidence of this fact is shown in the sudden sickness which seizes upon many when the vessel suddenly “heaves-to” in mid-ocean. By this time many organisms have adjusted themselves nicely to the undulatory regime, and likewise to the forward movement of three hundred miles daily. But the instant this rapid forward movement ceases, the adjustment is broken, and there is a sudden surge of cerebral congestion, flushings, vertigo, and nausea. A similar feeling arises when an earthquake shock is felt, although this arises from an exact reversal of conditions. In both cases, however, the disturbance is due to the interruption of the long-established equilibrium between the motions and so-forth of the organism and the motion of its environment. Doubtless, if the rotary movement of the earth were to be slightly altered at any time, a universal sickness would ensue. How many of our physical ailments are due to causes of some such character, we have no means of knowing. At all events, neither the sewer nor the germ theory have as yet explained the rates of mortality.

*The Cure.*—If the above is the correct theory of sea-sickness, and certainly it approximates thereto, then is it quite unnecessary to exhibit our idiocy by seeking the *similimum*. The one certain and scientific remedy is that proposed by a Boston medicus, viz., *stay on shore*. The next best remedy is a little thing of my own, viz., *stay on board*. This latter is a cure: the former is merely a pre-

ventive ; which, in this case, is *not* better than the cure. For many persons are wonderfully benefited in more ways than one by a sea-voyage, and the Boston man's prescription robs them of this gain, while mine does not.

The third cure is motor-pathic. *Stay on deck.* Keep on your feet. Keep moving. Walk all you can. In this case the energetic movements of the body and of its organs are set actively against the sickening movement of the ship. This latter movement is not given entire control. It is interrupted every moment by counter and accustomed movements of the body and its parts. This treatment must be continued until the adjustment of movements is complete, when we have again a cure. Moreover, this proves that something may be done to moderate sea-sickness.

The fourth cure is to *stay in bed*. This is the necessary course for those who have not the strength for the heroic treatment just set forth. In this case the motion of the vessel is allowed to rule, and the organism is allowed by its involuntary resources alone to adjust itself to the new conditions, which, sooner or later, it nearly always does.

The fifth cure is by symptomatic treatment, disregarding the cause, if we like, and seeking for a remedy which will produce a similar disturbance. This is Homœopathy. In a certain number of cases, perhaps in a large percentage, this treatment will ameliorate very promptly, and so will aid to hasten the coming adjustment. In the milder cases of nausea, or of cerebral disturbance, it will prove, according to what I have seen and heard on careful enquiry, a very great relief, and it would be my own first experiment. It is not unreasonable to infer that an equal amelioration occurs in severe cases also, but in such cases the result falls so far short of the desideratum that neither physician nor patient feels much confidence in the method. At all events, the physician who has gone to sea with his pocket case and cured *tuto, cito, et jucunde*, every case of sea-sickness, has not yet been heard from. But let us not wholly despair. We have some few on land who come pretty near to that standard of precision, and why should they not yet be found at sea ?

The sixth cure is the administration of sedatives, such as *apomorphia*,\* *opium*, *choral*, and the *bromides of sodium*

\* We would refer our friend, Dr. Foster, to experiments made with *apomorphia*, and we think that these will show him that it is not merely an antipathic sedative, but strictly homœopathic to many cases of sea-sickness.—[ED. M. H. R.]

and *potash*. This, I am informed, is "regular" treatment, though I see no difference in the regularity involved in any of these methods. Experience must decide for or against them all alike. Several persons told me that they obtained a little relief from the *bromides*, but that the remedy was almost as unpleasant as the disease; while, in other cases, they certainly make matters worse. This is still more true of the opiates and hypnotics.

Finally, after all these "cures" have been tried faithfully, except the first, there will still remain a large number of patients who experience no sense of relief from any of them, and who have come doggedly to the conclusion that "nothing does any good but time and patience." In severe cases this is so nearly true, that no amount of medication, high or low, regular or irregular, theoretical or practical, can disprove it. In which respect there is a goodly amount of similar sickness on land.

To this, it may be added, that while some persons claim a decided benefit from the sedative treatment, and many more from the homœopathic treatment, yet the "cures" are most frequent, with that class who would doubtless do just as well under the motor-pathic system, or under a strictly expectant regime. However, we must admit that up to this time systematic observations and comparisons are wholly wanting, and that opinions are therefore of very little value. They are all liable to be vitiated by erroneous notions, by faith, or prejudice, and some even by fraud. If ten thousand victims could be systematically treated by one method, and as many more by another, and so on, and if carefully compiled records of the results could be compared, the merits of the various methods of treatment might then be estimated to some purpose. But nothing less can be of much value. Meanwhile, like Bunthorne in the new play, we must continue "to long for whirlwinds, and have to do the best we can with the bellows."

Finally, I am sure that many of my readers would be happier if I should wind up with a series of "indications" for certain remedies. For such I will simply say that *ipêcac.* is good for nausea and vomiting, *belladonna* for cerebral congestion, *gelsem.* for occipital congestion, and any drug for any symptom that it characteristically produces.—(*Vide Allen's Materia Medica.*)

ON THE CONNECTION OF THE MOLECULAR  
PROPERTIES OF INORGANIC COMPOUNDS  
WITH THEIR ACTION UPON THE  
LIVING ANIMAL ORGANISM.

By JAMES BLAKE, M.D., F.R.C.S.

DURING my prolonged researches on the phenomena elicited by the direct introduction of inorganic matter into the circulation of living animals, I have arrived at results which, as I believe, open a new path to the solution of certain riddles of molecular chemistry. The researches were begun with the intention of applying these simpler and better known substances for the analysis of physiological facts, but in the course of my experiments it became clear that living matter might serve as a means for giving a clue to the molecular properties of inorganic matter. In a discourse delivered in 1839 before the Academy of Sciences of Paris, I showed that when solutions of different salts are introduced into the blood of living animals the physiological action depends on the electro-positive component of the salt, and little upon the acid with which it is combined. A communication which I read at a meeting of the Royal Society in June, 1841, proved that the action of inorganic bodies introduced directly into the blood of living animals depends on their isomorphous relations; and in a memoir communicated to the California Academy of Sciences in 1873, I showed that among the compounds of the metallic bodies, strictly speaking, the physiological efficacy of substances belonging to one and the same isomorphous group was proportionate to their atomic weight; the greater the atomic weight the more intense the physiological action. This is not the place to enter closely into the physiological action of the bodies employed in these experiments. They included salts in 41 elements, and their action was tested upon horses, dogs, cats, rabbits, geese, and hens with identical results. Aqueous solutions of the different salts were injected into the blood-vessels of the living animals. Among those of the monatomic metals were salts of lithium, sodium, rubidium, thallium, calcium, and silver. They all agree exactly in their physiological action. The fatal quantity of lithium sulphate for a rabbit is 1 grm. per kilo. of the animal's weight; whilst of silver nitrate, 0.06 grm. was fatal. Among the diatomic metals tried were salts of

magnesium, iron, manganese, cobalt, nickel, copper, zinc, and cadmium, as also calcium, strontium, and barium. In the salts of the magnesium series, the analogy of physiological action is very manifest, and their activity is enhanced with the increase of the atomic weight, rising from 0.97 grm. per kilo. for magnesium sulphate to 0.08 grm. for cadmium sulphate. The salts of calcium, strontium, and barium form likewise a group in which the increasing physiological action is very distinct, being 0.47 per kilo. in calcium chloride and 0.043 grm. per kilo. for barium chloride. The physiological reactions of the lead salts resemble those of the barium group, though agreeing in certain reactions with the salts of silver. (Similar transition-reactions were observed in the salts of magnesium, calcium, silver, and gold.)

Among the tetratomic metals, the salts of thorium, palladium, platinum, osmium, and gold were examined. All showed great similarity in their physiological action, ranging from 0.029 grm. per kilo. in thorium sulphate to 0.003 grm. per kilo in gold chloride. The decided and characteristic effect of this class of substances upon the action of the heart was shown in the most surprising manner by the compounds of gold, which even in the minute dose of 0.003 grm. per kilo. kept up the action of the heart for several hours after death, though the temperature of the body had sunk  $13^{\circ}$  below the normal heat of the animal.

Among the hexatomic metals, the salts of glucinum, aluminium, and iron (ferricum) agree perfectly in their physiological reactions. The fatal dose per kilo. ranges from 0.023 in glucinum, 0.007 for aluminium, and 0.004 grm. in ferricum, all in the state of sulphates. The physiological action of glucinum confirms the view that glucinum is a hexatomic metal.

Among the rarer earths, experiments were tried with ytterbium, cerium, didymium, lanthanum, and erbium. There was found a marked difference between the cerous and ceric salts as in those of iron. The difference is, however, less, being 1:3 in cerium and 1:28 in iron. Among the non-metallic elements, compounds of chlorine, bromine, iodine, phosphorus, arsenic, antimony, sulphur, and selenium were examined. Chlorine, bromine, and iodine agree closely in their physiological reaction, but instead of an increase there is here a decrease in intensity.

Phosphorus, arsenic, and antimony do not induce any immediately perceptible physiological reaction. Arsenious acid, injected in the proportion of 0.560 grm. per kilo. checks the pulmonary circulation. Sulphur and selenium are similar in their action, the latter being the more powerful. The only exceptions to the rule, that isomorphous substances act in an analogous manner, are the salts of potassium and ammonium. The latter produce results resembling those of certain nitrogenous alkaloids. If the carbon compounds exhibit similar phenomena in their manner of action upon the living animal body, researches concerning molecular relations will be greatly facilitated. Dujardin has already demonstrated in this direction, that in alcohols of one and the same series the intensity of the physiological action is directly as the atomic weight.—Translated in the *Chemical News* from the *Berichte der Deutschen, Chem. Gesellschaft*.

## A CASE OF POISONING WITH BELLADONNA.

BY PROTHEROE SMITH, M.D.\*

ON September 1st, 1881, Mrs. K—, a highly nervous patient, suffering from chronic metritis, inadvertently swallowed from half an ounce to an ounce of *belladonna* liniment, equivalent to about half an ounce of the root, about 5 or 6 A.M., just before which her bowels had acted copiously. She was seen by her attendant between 9 and 10 A.M., who administered a mustard emetic, which caused her to vomit freely. I first visited her at 2 P.M., when she was insensible, with wild, scared, and pinched features, anæmic, with lips blue and pale, the pupils being fully dilated, and not acting to the light; her tongue was rough and dry; the pulse was 130, thready and intermittent; the heart's action feeble, especially the first sound; respiration 30 in the minute; temperature normal. When roused she was quite incoherent: pain in the pit of the stomach, calling out when it was pressed; frequent retching; large quantities of light-coloured urine have been passed unconsciously. I prescribed one drachm of aromatic spirit of ammonia with four minims of sedative solution of opium (the only suitable remedies at hand), and arrowroot or beef tea and brandy every ten or fifteen

\* Reprinted from *The Lancet*, October 1st, 1881.

minutes. At 4.15 p.m. she looked better, more colour in her cheeks and lips, which continue pale but pink. She has taken the food ordered every ten minutes; sicknessless; pulse 112, fuller, without intermission; respiration 28; pupils remain dilated. She is still incoherent, but is able to retain her urine.

September 2nd.—11 A.M.: Has passed a very restless night, and is still incoherent, imagining she has committed murder, &c. Pulse fuller, without intermission: heart's first sound louder, still rhythm imperfect; tongue somewhat moister; excessive itching of the nares. Cheeks flushed, lips red; the fingers and nails, which at first were blue, are more natural in colour. Abdominal pains mitigated; when roused, says she hears everybody as though at a great distance, and sees them as greatly magnified; talks rapidly and incoherently. Catamenia appeared this morning before due. Ordered half a drachm of hydrate of chloral, with one ounce of water every four hours, with twenty minims of aromatic spirit of ammonia.—5.45 P.M.: Soon after taking the chloral she became rational. Pupils act better. Pulse 80, and full without irregularity; says she has not slept since she took the poison. To take forty minims of chloral, ten minims of nepenthe, with water at bed-time, and, if necessary, repeat every six hours.

September 3rd.—11 A.M.: Says the medicine (chloral) has acted like magic, the first dose restoring her senses in half an hour. She has slept all night, and is now restored to her usual bright and intelligent expression, and is quite herself again.

In the above instance it is worthy of remark that the domestic remedies generally at hand—viz., mustard emetic, sal volatile, brandy, and opium—so far modified the urgent symptoms as to render the case less dangerous to life, and gave time for procuring more efficient remedies; that the extreme feebleness and irregularity of pulse were at once relieved by small doses of liquid food, brandy, ammonia, and opium, but that for several hours it was found necessary to exhibit them at first every ten minutes, and afterwards every fifteen or twenty, in order to sustain the heart's action and prevent its intermitting. But the remedy which of all others produced the most happy result, restoring quickly the normal action of the heart and iris, and effecting a rapid cure, was the hydrate of chloral, in half-drachm

doses, with a small quantity of solution of opium, &c., every four to six hours, and a larger dose at night.

A case of poisoning by belladonna is reported in *The Lancet*, of January 8th, 1881, suggested by Dr. Trocquart, of Bordeaux, in which chloral hydrate was successfully employed as an enema.

Another case is published by N. Grattan, L.R.C.P. Ed., in the *British Medical Journal*, of April 16th, 1881, in which one-fifth of a grain of pilocarpin was hypodermically injected every fifteen minutes, with equally favourable results. As, however, the chloral is shown to be such an efficient antidote, I should be disposed in cases of poisoning with belladonna always to prefer it to the new and powerful remedy of pilocarpin, which in unskilled hands might not be altogether exempt from risk.

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## REVIEWS.

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*A Guide to the Clinical Examination of Patients.* Boericke and Tafel, New York.

THERE is much in this work which will amply repay perusal. Intended by the author, Dr. Hagen, of the University of Leipsic, as a text-book for students, it is full of information which is of great help to the practitioner.

The general plan of the work is excellent, and easily followed. The first part of the book is devoted to the various methods of examining patients, and the several departments of physical diagnosis. The section on percussion is most carefully and minutely written. The author seems to attach much more importance to the pleximeter than is commonly done.

Copious and valuable information is given as to auscultation also, but this is a subject of which but little can be learned by reading. A student can gather more knowledge of *râles* and murmurs by one hour's work in a hospital ward or out-patient room, under the guidance of a competent teacher, than in a week's reading of the most scientific treatise on the subject.

In the section devoted to thermometry and fever, much useful instruction is condensed. The import of a given range of temperature is well impressed on the student. In the present day it is, of course, rare to meet with anyone who is not in the habit of constantly using the thermometer, but we fear there are practitioners who do not attach due importance to the relative value of collateral indications or circumstances in taking temperatures. For instance, in cases of fever occurring in

children, a temperature of 103 at 7 p.m. might not indicate nearly as much danger as a similar temperature in the case of an adult. It is much to be regretted that, in presenting this valuable little manual to the English reader, the translator has retained the centigrade scale. There are but few of us who are accustomed to its use, and it is not always easy to make the necessary calculation if the temperature be a fractional one.

The chapter dealing with the examination of the urine is most clearly and scientifically written. After treating of the normal constituents of the urine, both organic and inorganic, the author proceeds to a carefully detailed description of all the abnormal products which may be found under different diseased conditions of the body. Then the various deposits are described in order, with their various microscopical characteristics. The various morbid states in which these deposits occur are carefully noted.

Many practitioners will welcome the directions given for short special chemical tests to detect the presence of albumen and sugar, for which latter five tests are given. An interesting, though rather rare, substance in the urine is tyrosin. This substance is specially found in the urine in acute atrophy of the liver, *phosphorus* poisoning, sometimes also in gangrene, typhus, or small pox. Its presence should generally induce us to administer *phosph.* as an appropriate simillimum.

Passing from general clinical considerations, we come to the second part of the book, which embraces the actual clinical examination of patients and the actual diagnostic indications of all but the most unusual diseases. Most minute directions are given for the palpation and percussion of various regions. Many of us, however, will scarcely venture to follow the author's directions for palpation of the pylorus. He advises the administration of a powerful purgative the evening before. This would be hardly advisable in advanced cases of cancer or of obstruction.

The latter part of the work in its arrangement is somewhat like Fenwick's *Manual*, but instead of beginning with the symptoms and ending each section with the name of the disease, the author heads each section with the name of the disease and then proceeds with the description of the various clinical signs. Obscure and rare forms of disease are briefly commented on, the author keeping more to diseases of wide range and frequent occurrence. Cardiac diseases are well described, but with perhaps a little too much compression. General interstitial fibrous hepatitis is not a very ordinary term for cirrhosis of the liver, although strictly scientific. Three pages suffice for skin diseases, of which merely the names and classes are given. Brain and nervous diseases are described next, but the same

tendency is seen as in the section devoted to cardiac diseases. Books, like brains, sometimes suffer from too much compression.

The chapter on acute infectious disease includes intermittent fever. This we should hardly term an infectious disease in the sense which the author has implied, although as a matter of fact it arises from malarial infection, still we would not be disposed to rank it with variola, scarlatina, measles and typhus. We notice, too, the omission entirely of rōtheln, which is nowadays regarded as a distinct malady. With these few exceptions the book is soundly and scientifically written, and will be valued by many for the useful hints which abound in its pages. It is a book to which one can turn after examining a patient, as an aid to memory, a refresher, so to speak, of the powers of diagnosis.

Although we, as homœopaths, perhaps more than allopaths, recognise that no two cases of a given disease run the same course, yet there are always salient diagnostic points and features which this little manual brings into strong relief, enabling the practitioner in a minute to run over the various symptoms and to determine whether any have been omitted from his clinical examination. It is highly valued in Germany, having been adopted as a text book in many of the Universities, and we have no doubt will make many friends in its new form.

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## MEETINGS OF SOCIETIES.

### LONDON SCHOOL OF HOMŒOPATHY.

A SPECIAL General Meeting of the Governors and Subscribers of the London School of Homœopathy was held on October 4th, 1881, in the Lecture Room of the London Homœopathic Hospital, Great Ormond Street, on the termination of the Hahnemann Address by Dr. Richard Hughes, to receive and discuss the Report of the Sub-Committee appointed to revise the constitution and laws of the School. Lord Ebury being unable to be present, the chair was occupied by the Treasurer, Major Vaughan Morgan. Among those present were Dr. Matheson, Dr. Dyce Brown, Mr. Pite, Dr. Buck, Mr. Boodle, Dr. Baynes, Mr. Harris, Dr. Hughes, Dr. Burnett, Dr. Woodgates, Dr. Pope, Dr. Bayes.

The Secretary (Captain Maycock) having read the notice convening the meeting, the chairman called upon Dr. Bayes, to make a statement and bring forward the report of the Sub-Committee.

Dr. BAYES said that those gentlemen who were present at the last annual meeting would remember that it was proposed to reconstruct the School at the expiration of the five years for which it was originally instituted. It would be hardly worth while reading again the whole report, which had been submitted to the annual meeting. There were some objections raised, par-

ticularly by Dr. Yeldham, and after they had been discussed, it will be recollected that the annual meeting appointed the Sub-Committee to reconsider the whole question, and to report again to-day. Some of the suggestions made at the annual meeting with regard to the appointment of clinical lectures in the Hospital proved unacceptable to certain friends of the Hospital, who feared they would involve an "*imperium in imperio*" within the Hospital. Under these circumstances, the scheme of endowing the clinical lectureships was abandoned. The present lecturers had in an exceedingly generous manner promised to continue their courses of lectures without fee should the interests of the School necessitate it, and that had put the authorities of the School at ease, so far as the question of money was concerned. It was, however, hoped that the School would be possessed of enough means to provide for the continuation of lectures without so complete a sacrifice. The whole matter had been carefully considered by the Sub-Committee, who had embodied their decisions in the report which he would now read.

[The report of the Sub-Committee, was printed at full length in the last month's *Review*, and need not be repeated here.—Eds.]

Dr. Bayes then proposed that this report should be formally adopted.

The proposition having been seconded by Dr. BURNETT, Dr. DYCE BROWN, in response to a call from the chairman, said that he would not detain the meeting by any lengthy statement of his views, as they entirely coincided with those of the Sub-Committee as expressed in the report which they had heard.

The CHAIRMAN asked whether any gentleman wished to make any observations on the other side of the question.

Dr. HUGHES said he had no remarks to make on the other side, but it had been suggested in another place that we should draw back from the position taken up by the School, and acknowledge that the scheme has been a failure. But while he was prepared to admit that it has not yet fully succeeded, he could not allow that it was a failure (hear, hear.) He quite agreed that it was time the School became reconstituted, and the Sub-Committee had drawn out the outlines or skeleton plan on which they ought to work. There was only one proposition he would like to trouble them with, and that was that they should substitute for the two Honorary Secretaries a Dean and a Sub-Dean (hear, hear). They knew on whom the duties of Dean would devolve (hear hear), and they knew that that gentleman could hardly be expected to perform them without assistance.

Dr. POPE would like to ask Dr. Hughes whether he derived the idea that some persons regarded the School as a failure from the report.

Dr. HUGHES said he derived the idea from the concluding remarks of the late President of the British Homœopathic Society

in his last annual address. Those remarks had seemed to advise that they should confess to failure, hide their diminished heads, and alter their name.

Major VAUGHAN MORGAN said that, at the last annual meeting, he had quite felt the force of the objections raised by Dr. Yeldham, but they had now been removed, and he now saw no objections to the proposed reconstruction of the School from the Hospital point of view.

The motion that the report of the Sub-Committee be adopted was then put to the meeting, and carried unanimously.

Dr. BAYES then said there was another matter upon which it was their duty to pass a resolution, and that was the offer of the Lecturers to continue their lectures gratuitously. He had also had another offer of fresh lectures, and their secretary had generously come forward and offered to continue the duties of his office at such rate of remuneration as could be afforded by the School. He thought that a vote of thanks to those gentlemen ought to be carried by acclamation.

The proposition, being seconded, was carried unanimously.

Dr. BAYES then said there was one other point. The report having been adopted, it was necessary that a Sub-Committee be appointed to consider and advise as to the best methods of carrying out its recommendations. They could not do better than re-appoint the same Committee, and he therefore proposed that Dr. Pope, Dr. Dyce Brown, Dr. Hughes, Dr. Burnett, and Dr. Blackley be appointed a Sub-Committee for that purpose.

Dr. MATHESON seconded the motion, which was carried.

The meeting then terminated with a vote of thanks to the chairman.

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The result of this meeting, therefore, is that the School will be continued as heretofore. The Governors are informed that one guinea annually constitutes a governor, but it is hoped that the wealthy will subscribe for larger amounts. The present session shows a considerable increase of interest in the subject, and the number of students attending the classes is fourteen up to the 22nd October.—W.B.

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## NOTABILIA.

### THE LONDON SCHOOL OF HOMŒOPATHY.

THE work of this institution for the current session was inaugurated on the 4th of October, by the delivery by Dr. HUGHES of the Hahnemannian Lecture in the Board-room of the hospital, in Great Ormond Street. A large and attentive audience, consisting chiefly of young men, was present—the room, indeed, was thoroughly well filled.

Dr. Hughes took for his subject, "Hahnemann as a Medical Philosopher," as exhibited in his treatise entitled *Organon of Medicine*—the exposition and vindication of his therapeutic method, appearing in five editions between 1810 and 1838. The lecturer began by commenting on the title *Organon*, showing that the author designed it to recall Aristotle's treatises on logic and Bacon's great reform of philosophical enquiry. The method set forth in this work was to be a new *instrument* for the discovery of specific remedies, and a substitution of patient observation and experiment for the theorising prevalent at the time. Referring to the motto at first prefixed to it, he commented on Hahnemann's hope for the future of medicine as based on his faith in the goodness of God; and contrasted this with the hopeless scepticism of the present day, as expressed in the "Address on Medicine" recently delivered by Dr. Bristowe before the British Medical Association, and as illustrated by the conspicuous absence of "therapy" from the proceedings of the late International Medical Congress. Passing now to the *Organon* itself, he described it as divisible into two parts, in each of which three subjects were discussed—in the former doctrinally, in the latter practically. These constitute the three elements of his method, and are—1st, the knowledge of disease; 2nd, the knowledge of medicinal powers; 3rd, the knowledge how to choose and administer the remedy. The knowledge of disease which the physician needs *for curative purposes* is declared by Hahnemann to consist in a full and minute perception of his patient's symptoms, to the exclusion of all hypothesis. This position was vindicated against the charge that it ignored pathology by showing that symptoms are themselves a living pathology, revealing disease at a stage when it may be remediable; whereas the morbid anatomy which now goes by the name exhibits only the ultimate results of disease in incurable disorganisation. Hahnemann's mode of ascertaining the virtues of medicines was by "proving" them on the healthy human body—a proceeding now generally recognised, and to some extent adopted. He may fairly be styled the father of experimental pharmacology. The lecturer next exhibited Hahnemann's view as to how the physician was to use his knowledge of drug-action in the treatment of disease. There are three, and three only conceivable relations between the physiological effects of a drug and the symptoms of a patient, and therefore only three possible ways of applying the one to the other. The two may be altogether diverse, as when an aperient is given to relieve a headache; this is *allæopathy*. Or they may be directly opposite, as when *bromide of potassium* is used to force sleep on a subject wakeful from mental excitement; this is *antipathy*. Or, thirdly, they may be similar, as when *strychnine* is given for tetanus; which is

*homœopathy*. The first is both uncertain and injurious; the second, though often palliative, is of limited applicability, and subject to troublesome re-actions. The third alone is harmless, inexhaustibly fertile, complete and permanent. The lecturer proceeded to meet objections which had been made to this argument of Hahnemann's, the only one of which he regarded as valid being that it is too exclusive—antipathic palliatives having a true and useful place in medicine. He touched briefly on the practical details into which his author went, dwelling only on that of dose. It was not, he showed, until the fifth edition of the *Organon* was published (1838) that the 80th dilution was laid down as the best for all medicines and in all cases. In the former issues the dose was simply directed to be so small as to avoid needless aggravations and collateral sufferings—its precise amount varying with the medicine used.

Some remarks were then made on certain features of the later editions of the *Organon*, which were styled "the romance of homœopathy." They were hypotheses—physiological, pathological, pharmacological, in which Hahnemann like other men indulged, and which he unfortunately thrust into a work which originally was free from all such elements. They were those of a "vital force," of the origin of much chronic disease in psora (itch), and of the dynamisation of drugs by trituration and succussion. The lecturer was unable for lack of time to dwell on these points. He declared himself quite able to clear Hahnemann from any disparagement in respect of them; but nevertheless regretted their appearance in the *Organon*, and begged his hearers to study that work without them, as might easily be done—they forming but a slight and no essential element in it.

He concluded by exhibiting the fruits of Hahnemann's medical philosophy, after the manner of Macaulay describing what Bacon might have beheld as the result of the impulse he gave to science. "Could he"—Hahnemann—"have foreseen the medicine of to-day, how much there would have been to gladden his heart! He lived in a time when heroic antiphlogisticism was in full force; when physicians 'slew,' as in Addison's day, 'some in chariots and some on foot'—when every sufferer from acute disease was drained of his life-blood, poisoned with mercurials, lowered with antimonials, and raked by purgatives. He denounced all this as irrational, needless, injurious; and it has fallen—never, we trust, to resume its sway. The change thus wrought even in the practice of the old school would be a matter for great thankfulness on his part; but how his spirit would have bounded when he looked upon the band of his own followers! The few disciples made during his life-time have swelled into a company of some ten thousand practitioners, who daily, among the millions of their *clientèle*, in their scores of hospitals and dispensaries and

charitable homes, carry out his beneficent reform, making the treatment of disease the simple administration of a few (mostly) tasteless and odourless doses, and yet therewith so reducing its mortality that their patients' lives can be assured at lower rates. He would see the *aconite* and *belladonna*, the *bryony* and *rhus*, the *nux vomica* and *pulsatilla*, the *calcareo*, *silica*, *sulphur*, which he created as medicines, playing their glorious parts on an extensive scale, robbing acute disease of its terrors and chronic disease of its hopelessness. He would see his method ever developing new remedies and winning new victories—evoking *lachesis* and *apis*, *kali bichromicum*, *gelsemium*, gaining laurels in yellow fever as green as those which crowned it in the visitations of cholera. He would see his principles gaining access one by one to the minds of physicians at large—the proving of medicines, the single remedy, the fractional dose already accepted, and selection by similarity half adopted under other explanations and names. He might well feel, like Bacon, about the *Philosophia Secunda* which should end his *Instauratio magna*. He had given its *prodromi sive anticipationes*; ‘the destinies of the human race must complete it—in such a manner, perhaps, as men, looking only at the present, would not readily conceive.’ The destinies of the human race, in respect of disease and its cure, are completing it; and will be yet more profoundly modified for the better as that completion goes on.

“With these thoughts,” the lecturer said, “I commit the fame of Hahnemann as a medical philosopher to the impartial judgment of the great profession he has adorned.”

On Thursday, the 6th of October, Dr. POPE commenced the course of lectures on *Materia Medica*, with one on the “Principles of Drug-selection in Prescribing,” in which, after describing the several principles of drug-selection, he explained at some length the principle of homœopathy, showed its advantages, and supported his arguments by evidence of the success which has followed the adoption of homœopathy in hospital practice.

On the following day, Dr. DYCE BROWN opened the lectures on the “Practice of Medicine,” by setting forth the scientific character of homœopathy.

On both occasions the lecture room was well filled, and fourteen students have entered their names as regular attendants on the classes. This, we believe, is the largest number with which any session has commenced, and is just double that of last year.

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#### TYPHOID FEVER AT BRISTOL.

For some weeks past it has been known that an epidemic of typhoid fever has been prevailing at Müller's Orphanage on Clifton Down, near Bristol. This institution consists of four houses, each of which is managed independently of the others,

even to the extent of procuring the food supplies from different sources. The epidemic has been confined to one house. In it eighty cases have occurred. They have all been under the care of Dr. Eubulus Williams, of Clifton, and all have recovered. The testimony thus afforded to the value of homœopathy in controlling a disease ordinarily fatal in 14 per cent. of the cases that occur is most important. Every effort was made by Dr. Davies, the Medical Officer of Health for Bristol, and by Dr. Williams, to trace the outbreak to its source, but so far, we believe, without success. Dr. Davies, who, when visiting the house for the purpose of sanitary inspection, saw many of the patients with Dr. Williams, pointed to several who, he thought, had little or no chance of recovery. Through homœopathy, however, all are now well.

Dr. Williams had the opportunity of seeing his patients in an early stage of the fever, and hence was able to utilise to the full the curative power of *baptisia*, and this medicine he has found of inestimable service.

Our readers will be interested to know that Dr. Williams has kindly promised to furnish us, at as early a date as his engagements will allow, with a paper giving an account of the epidemic and its treatment.

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### HOMŒOPATHY IN YELLOW FEVER.

HOMŒOPATHISTS, says *The Echo*, will be interested to learn that homœopathy is supplying the best cure for yellow fever. Writing from Barbadoes, a correspondent says:—"In sixty-one cases treated by homœopaths, only one proved fatal, and that simply on account of the medicine not being properly administered."

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### HOMŒOPATHY AND THE BRITISH MEDICAL ASSOCIATION.

On this topic the *Lancet* of the 15th ult. writes:—"At the Committee of Council of the British Medical Association, held on Wednesday last, we understand that a letter was read from the President of one of the branches of the Association, stating that a homœopathic practitioner in his neighbourhood had been admitted a member of the Association, and that unless his name was removed from the list of members, he, the writer, would feel compelled to resign his membership. An earnest discussion ensued, in which the opinion was generally expressed that it was distinctly contrary to the laws of the Association to admit homœopaths as members, and opposed to the opinion and wishes of the Committee of Council. As, however, the expulsion of any of the members on account of homœopathic practice would give those individuals both notoriety and a quasi-grievance, it was

considered best not to adopt the step suggested by the writer of the letter. A resolution expressing these opinions, moved by Mr. Husband, was carried; an amendment, moved by Mr. C. Macnamara, to erase the said individual's name receiving only very small support. We think that the decision of the Committee of Council was wise; at the same time it is evidently necessary that the secretaries of the various branches should take great care that the law of the Association bearing upon this point be not infringed. We are informed that the views on the subject of consultation with homœopaths propounded by Dr. Bristowe and Mr. Hutchinson in their present addresses at Ryde were not in any way discussed at this meeting. The Committee of Council cannot be said to be precipitous in its haste to disavow them in the name of the Association."

#### GERMAN LAW AND HOMŒOPATHISTS.

THE *Chemist and Druggist* informs us that "another interesting case has been fought in the German law courts relative to the rights and position of homœopathic practitioners. Privy Councillor Professor Dr. Liman, of Berlin, was required by the Landgericht (Chief Court of Justice), at Potsdam, to give his opinion as to whether a certain homœopath had or had not acted according to the rules of homœopathic art. Dr. Liman declined to express an opinion, saying that he could not consider that a quack had any rule by which he acted, and suggested to the Court that it should apply in this matter to a homœopath or a quack for the information it desired. Consequent on the publication of this rather contemptuous opinion, Dr. Liman was sued for damages by eight homœopaths, and was in the first instance sentenced by the Schoppengericht (County Court) to a fine of 50 marks. He, however, appealed to a higher Court, and in arguing his case he maintained that the homœopaths belonged to no recognised society, that there was at no University a section for them, and that even at the London Congress, where all kinds of medical persons, even dentists, found a place, homœopaths were excluded, and that, in fact, anyone might call himself a homœopathist without any qualification. In acting as he had done, he considered he had only defended the medical profession without having offended any one personally. The Court considered Dr. Liman's views just, and acquitted him."

Either the "higher Courts" in Germany must be in the habit of taking a defendant's statements as necessarily true, or the "eight homœopaths" must have been singularly remiss in not obtaining evidence to rebut Dr. Liman's statements. Dr. Liman, for example, did not consider that "a quack," by which he meant, we suppose, a homœopath, "had any rule by which he

acted." Had this unscrupulous disciple of Galen known anything about the subject on which he spoke, he would have been aware that homœopathic practitioners are the only medical men who have any therapeutic rule by which they prescribe. Then, again, he says that there is at no university a section for homœopathists. There is such a section at the University of Prague, in Hungary—at those of Michigan, Iowa, and Boston in the United States. Finally, at the London Congress homœopathists were *not* excluded. It is within our knowledge that a goodly number attended the meetings of the various sections, and at the *Materia Medica* section, at least half-a-dozen spoke.

Dr. Liman is at fully thirty years behind the age in describing the position of homœopathists. He must be a very ignorant person. How such an one can have become a Privy Councillor and a Professor, is not easy to understand.

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#### MEMORIAL OF THE LATE PRESIDENT GARFIELD, AT THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

A MEETING of the faculty and alumni of the Boston University School of Medicine, was recently held at the College, East Concord Street; Dr. I. T. Talbot, the Dean, in the chair. In calling to order, Dr. Talbot addressed the meeting as follows:—

"We need add no words of sadness to the grief of the world that President Garfield is dead. If to the darkest cloud there is a silver lining, may we not find it in the glorious example of him whom we mourn? Born under the most adverse conditions, we find him through the struggles of bitter poverty acquiring a broad and thorough education, which gave him an elevated position among scholars. When called to the defence of the country, his wonderful energies freely given rendered invaluable service, and, as a legislator and statesman, even in the highest position his country could give him, his efforts were untiring and his faithfulness knew no limit. Even in his last days of sickness and pain, his hopeful patience was such as the physician, better than others, can appreciate and admire. Altogether, his death has been a glorious example for us, and his life will be a great inheritance to the nation if it but emphasises and impresses that example upon us. May we not, then, first ask *What are our duties?* They are not, of course, to imitate him in the work he was called upon to do, but in our own work to imitate the same energy, faithfulness, perseverance, and conscientiousness. As physicians we owe him our regard for the respect in which he held our profession. As reformers in medicine we owe him especial esteem for the courtesy and confidence he ever extended toward us, exemplified in the positive request that one of our school should remain with him throughout his long sickness.

As physicians, then, as reformers in medicine, as friends of the dead Garfield, who through life was our friend, and, let us trust, whose friendship goes beyond this life, what duties have we to perform? It is not to build monuments of stone or brass, but may we not do better far, and, in benefiting our profession and humanity, may we not so associate his name and his example that our associates and our successors shall bear in mind his worth, and feel his friendship?"

Prof. Smith moved the adoption of the following resolutions.

"Whereas, in the death of President Garfield, the soldier, patriot, and statesman, the nation has sustained an irreparable loss, and in the demise of the ripe scholar, and staunch friend of education, this school, in common with every institution of learning in the land, has lost a firm support; therefore

"Resolved, that, in honour and in memory of our late President, who, in spite of poverty and obstacles, acquired unusual learning and usefulness, and who was ever ready to assist those struggling for the same worthy objects, we will establish a fund, to be known as the Garfield Scholarship Fund, the income of which shall be used to aid worthy and needy students in this school, who are striving to obtain a professional education."

"Resolved, that we call upon all the alumni and friends of Boston University School of Medicine to unite with us in adding to this fund, and thereby not only aid the school but also assist the meritorious to a life of greater usefulness, and serve to perpetuate the memory of one whose whole life is a noble example to the world."

Prof. Smith supported the resolutions with brief remarks, and being seconded by Dr. Clapp, they were adopted. It was voted to appoint a committee of two from the faculty, and three from the alumni to have charge of the subscriptions, and Dr. Talbot, Dr. Hastings, Dr. Shaw, Dr. J. W. Clapp, and Dr. M. L. Cummings were constituted the committee. Prof. Smith moved that the executive committee prepare and forward to Dr. Boynton resolutions expressive of the appreciation of his conduct during his attendance upon President Garfield, and the motion was adopted, after which the meeting adjourned.

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### THE LADIES' SANITARY ASSOCIATION.

THIS Association has for its object the educating of the poor in sanitary matters. It was originally founded by Dr. ROTH, many years ago, and has been the source of publication of numerous tracts and books, all bearing upon the sanitary needs of a healthy home and healthy children.

Dr. W. B. RICHARDSON is delivering a course of lectures, at Exeter Hall, in behalf of the Association, "On Domestic Sanitation."

The following is an extract from the circular appealing for funds :—

“It is an acknowledged fact, that by far the greater part of the debility, disease, and premature mortality in this country, results from preventable causes ; but very few preventative measures, bearing upon the personal habits of the people, have yet been adopted.

“The promoters of this Association, convinced that one of the principal causes of a low physical condition is ignorance of the laws of health, have combined to extend and popularise sanitary knowledge.

For this purpose :—

“1st.—They write and distribute simple interesting Tracts on sanitary and domestic subjects. The greater part of these are written specially for the poor.

“2nd.—They establish Loan Libraries of popular books, on subjects relating to health and social well-being.

“3rd.—They arrange for the delivery of practical Lectures on Health, Sanitary Improvements, and Domestic Economy.

“4th.—They form Branch Associations in various localities for carrying on practical sanitary work.

“a. By distribution of the Tracts among the poor of the district and in Schools, Hospitals, and Mother's Meetings.

b. By collecting money for Sanitary improvements, such as opening windows, curing smoky chimneys, removing nuisances, giving soap and lime for white-washing, lending books, patterns of clothes, scrubbing brushes, saucepans and cooking receipts.

c. By requesting the Medical Officers of Health and other professional and well-educated gentlemen to deliver popular free Lectures.

d. By instituting Mothers' Meetings, and Classes of Adult Girls, and giving them sanitary and domestic instruction.

e. By forming or aiding Penny Clothing Clubs, Coal Clubs, Baths, and Wash-houses, Temperance Associations, Cooking Depots, and Working Men's Clubs.

f. By establishing Nurseries for motherless babes, which may serve as Schools for Mothers of all classes, Schoolmistresses, and Nurses.

“The Association is entirely dependent upon voluntary contributions, and the Committee earnestly solicit the aid of all who are interested in Sanitary Reform.

The secretary is Miss Rose Adams, and the office 22 Berners Street.

### THE "EPPS" PRIZE.

THE prize of £10, which was generously offered by Mr. James Epps, of Upper Norwood, for the best collection of 20 cases, illustrating the action of homœopathic remedies, has been awarded to Mr. Samuel Hahnemann Blake, of Liverpool. It will be remembered that the similar prize given last year by Dr. Prater, was awarded to Mr. Blake. These cases will be published by degrees in our pages.

Should any of our liberal subscribers offer a similar prize for next year, we shall be glad to hear from them.

### MEDICAL OFFICER'S REPORT OF THE CANTERBURY HOMŒOPATHIC DISPENSARY.

WE have received the annual report of this institution, and have pleasure in observing its continued prosperity and usefulness, under the medical care of Dr. Baynes. We notice with much pleasure that a subscription of two guineas is again sent to the London Homœopathic Hospital. Were all provincial dispensaries to follow this generous example, the funds of the hospital would be largely increased. The following are the details:—

Cases treated during the year, 217.

Cured ...	...	...	...	...	142
No Report ...	...	...	...	...	21
Relieved ...	...	...	...	...	14
Dead ...	...	...	...	...	4
No better ...	...	...	...	...	6
On the books ...	...	...	...	...	28
Left Canterbury ...	...	...	...	...	7
					<hr/> 217

In addition, some 500 gratuitous visits were paid.

Very many patients have been treated who were unable to obtain tickets.

Three patients were sent to the London Homœopathic Hospital, and two to the Hahnemann Convalescent Home (Bournemouth), all of whom were greatly benefited from their stay at these institutions.—DONALD BAYNES, A.M., M.D., F.R.G.S.

### DR. NEALE'S MEDICAL DIGEST FOR 1882.

ONE of the most useful books published by the Sydenham Society is Dr. Neale's Medical Digest. It consists of references to papers on medical, surgical, and obstetrical subjects, in all their relations, which have appeared in the leading medical journals of this country for forty years. On almost any subject, physiological, pathological, or therapeutical, one can find all that has been written on it by so-called "orthodox" physicians,

surgeons, and professors. Having had frequent occasion to use it, we can testify to its great value to all students of medicine.

A new edition is in course of preparation, bringing the work up to the end of the present year. It will contain, we are told, 20,000 additional references to papers that have appeared in the medical periodicals during the five years subsequent to the first edition; *The British Medical Journal*, *The Medical Record*, and the *Practitioner* having been added to the list of journals referred to in the first edition.

It is being published by subscription, and only so many copies will be struck off as are subscribed for. There will be two editions, an octavo, price 18s. 6d.; and an oblong quarto, with broad margins for future notes, price 17s. Applications for copies should be made to the Secretary, 60, Boundary Road, London, N.W.

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#### THE MODERN MEDICAL STUDENT.

THE average London medical student of to-day enters the hospital as a boy of about eighteen years of age. He is generally fairly well-dressed, and adverse to slangy habits, though he very seldom sets himself to become the mirror of fashion. He is very eager to dissect his first "part," and does not object to osteology; if of a mechanical or artistic turn of mind he likes to prepare and mount microscopical specimens; but he shows less energy in the study of physiology, and has little or no taste for the collateral sciences. It is proverbial that during the winter session the chemistry lecture is, on this account, generally the scene of the least orderly conduct. The first year's man has the deepest admiration for the medical staff of his hospital, and an implicit belief in their teaching—a very wholesome instinct for a learner. His faith in the superiority of his medical school over all others is often unbounded. Hence, even if too studious to join in the sports and games of the athletic clubs of his hospital, he delights to see how his "team" or "eleven" have beaten another hospital at football or cricket. Nobody can thoroughly like or trust what he cannot understand, hence the junior student is generally prejudiced against the lay authorities of his hospital. He cannot comprehend why non-medical men should be put over the experts whom he so deeply honours. He has grounds for his prejudice, but has to learn that for the management of technical institutions the ruling body should not be wholly technical.

The modern student likes to pass his "first college" at the end of his second winter session, and always feels more or less disconcerted if he be not ready for that ordeal at the earliest possible date. Owing to the severity of the test, however, rejection does not involve so deep a stigma as formerly. During his last two

years the student alters somewhat from his earlier type. He has his preferences, as before, and likes surgery as a rule better than medicine; midwifery, with all its offensive surroundings, is not so very distasteful to him, as there is something adventurous in watching patients night after night in a back slum; besides, he knows that he is training for a very important branch of practice. The advanced student is apt to be more critical than he has the right to be over the relative merits of members of the staff. His views concerning the lay governors are also, for sundry reasons, apt to undergo great modification. He always looks forward to qualification, for then he becomes a "medical man" or "the doctor," not simply a student. Then he can become house-surgeon, or take a long holiday, and afterwards join his father as a partner, or set up on his own account, according to circumstances.

The average student is never a Bohemian; indeed, free and easy habits, especially in the wards, are looked on with discredit by the pupils of London schools. It was till recently the minority that wore short coats and low hats, and smoked wooden pipes in the day-time, but of late this style has become more general among the youth of England in every profession, and particularly in high life, and the medical student is only falling in with the fashion. The student is, as a rule, rather a hard than a moderate worker, even in cases where he works by fits and starts; he is still too apt to look on work as consisting of learning text-books by heart, and to love dry condensations in preference to standard works.

The average student does *not* fail in his earlier examinations, hence he is not of the "chronic" type, which includes the inert and the still more objectionable varieties of his colleagues. We do not include under the heading of "average" the students who come from the two old English Universities, who can teach much to their hospital fellow-students in matters of style and method of learning, but also can sometimes learn a great deal from those who have not had the same advantages.

As to the student's moral character, that is entirely an individual question, and so are his habits. In a large hospital where there is a "college," we observed, some years since, resident students who spent their leisure time in the most varied manner, some playing the piano or violin, some studying the dead languages, even Celtic literature, some actively joining the hospital athletic clubs, and others without any special tastes merely taking long rambles when not at work. Every one of these students, varied as were their habits, passed their final examinations, and have settled in practice or in hospital appointments. The tendency to level all to one common type, even in non-technical matters, does not exist among medical students, nor are the moderately

eccentric so liable to pertinacious ridicule as elsewhere. Is not this spirit rather advantageous to those who have not, hereafter, to adopt the uniform method of the pulpit, the bar, or the parade-ground, but have to meet the innumerable contingencies of practice, and to deal in a different manner with the varied prejudices and tastes of patients ?

Such is the average student of to-day. We have only roughly sketched the outline. He has not yet been fully and impartially discussed in print ; he has been calumniated as a rule, or in very exceptional cases elevated into a hypothetical being wrapped in the cause of abstract scientific progress. As a matter of fact the average student is nearer to the type of which we have given a slight, superficial and hasty glimpse.—*British Medical Journal*.

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### PHYSICIANS TO GEORGE III.

“The King employed three doctors daily—  
Willis, Heberden, and Baillie.  
All exceedingly skilful men,  
Baillie, Willis, Heberden ;  
But doubtful which most sure to kill is—  
Baillie, Heberden, or Willis.

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### VACCINATION IN CHINA.

A RECENT speech of Sir John Pope Hennessey, Governor of Hong-Kong, contains an interesting account of the spread of vaccination among the Chinese, not only of the colony, but of the empire. No port is more liable to the introduction of small-pox, yet it never spreads there. The health officer of the colony was also astonished to find that nearly all the young Chinese emigrants had vaccination or inoculation marks on their arms. That inoculation has been practised in China, as in other Eastern countries, from time immemorial, was already known, but the adoption of vaccination is quite recent, and he was surprised to find it so generally and perfectly performed. On inquiry he learnt that the native doctors of the Tung-wa hospital—a charitable institution supported by the voluntary contributions of Chinese merchants and others—not only vaccinated their countrymen in the colony itself, but actually sent travelling vaccinators over the adjoining provinces of China. In this way thousands of persons have been vaccinated during the past four years. The lymph is supplied to them by the Governor, who gets it by every mail in his dispatch-bag from Downing Street.—*Medical Times and Gazette*.

## ABSINTHE.

THE consumption of this seductive, health-destroying liqueur appears to be on the increase, and it is now, according to Mr. Winter Blyth, sold in a large number of places in Marylebone, for which parish he is the public analyst and medical officer of health. It seemed to him, therefore, a right and proper thing to chemically examine samples of this liquid, which was done. Absinthe is a yellowish green liqueur, which contains, as a peculiar ingredient, a poisonous oil having a deleterious effect on the nervous system; the oil is called wormwood oil, and is produced in nature by the *Artemisia Absinthium*. Other flavouring oils are always added, such as peppermint, angelica, cloves, cinnamon, and aniseed. The colour is produced by the juice of nettles, spinach, or parsley; or, in other words is due to the common green "chlorophyll," found in all green plants. Most samples of absinthe contain sugar. The average composition of absinthe is as follows: Absolute alcohol, in 100 parts, 50.00; oil of wormwood, .88; other essential oils, 2.52; sugar, 1.50; chlorophyll, traces; water, 45.65. Alcohol causes drunken sleep; alcohol and absinthe combined produce convulsions. The poor wretches given up to absinthe drinking suffer from a peculiar train of nervous symptoms, the most prominent of which is epilepsy of a remarkably severe character, terminating in softening of the brain and death. The last moments of the absinthe drinker are often truly horrible. M. Voisin records a case in which a man was picked up in the public street in an epileptic fit. He was known to be a large consumer of absinthe. The convulsions lasted until death—four days and four nights. During the last five or six hours of life, the skin of the face became almost black.—*British Medical Journal*.

THE DISADVANTAGES OF COD-LIVER OIL FOR  
YOUNG CHILDREN.

ACCORDING to the *Revue Médicale*, the Council of Public Health has recently submitted for the sanction of the Academy of Medicine of Paris a report on the disadvantages of cod-liver oil administered to infants and young children. The Commission on the hygiene of infancy has not yet reported its opinion on this subject; but the accusations brought against this medicine by the Council of Hygiene are worth notice. All physicians are aware what disastrous influence is exercised on the health of young infants by defective alimentation, and especially animal nourishment; fatty matters are as little suited to the alimentation of the newly-born infants as albuminoids, excepting always casein, which exists normally in milk, and is found to be perfectly assimilable. In fact, in the first period of life, the juices

necessary for emulsifying fatty matters are almost entirely wanting. The liver, in spite of its enormous development in this stage of existence, secretes only a small quantity of bile; and the researches of Langendorf and Zweifel have proved that, in young children, pancreatic juices possess an emulsive power which is almost *nil*, or, at least, very slightly marked. These physiological considerations sufficiently indicate that—far from being profitable to the infant—fatty matters, and especially cod-liver oil, can only injure its health, and gravely compromise the integrity of its digestive functions.—*British Medical Journal*.

### BROMIDE RASH.

A PATIENT, under the care of Dr. Percy Boulton, of the Samaritan Hospital, suffering from pelvic neuralgia, took between the 12th and 19th of October, three grains of *bromide of iron*, three times a day, when its discontinuance was directed in consequence of a few spots appearing on the face, suggestive of a bromide rash. A fortnight afterwards she returned “with her legs covered pretty uniformly with a discrete pustular eruption.” Dr. Boulton felt sure that the eruption was non-specific; it resembled pustular eczema (*ecthyma*) more than any other kind of eruption. He then asked Dr. Thin to examine the skin, and on its condition he makes the following interesting remarks in *The Lancet* of the 15th ult. :—

“The chief interest in this case, in so far as the eruption is concerned, lies in the fact that, although the diagnosis was at the first glance by no means easy, it was yet possible to make out the nature of the rash from its objective characters alone. I diagnosed a *bromide* or *iodide* eruption before I was informed that either of these agents had been given. When the woman presented herself to me on November 2nd, the anterior surfaces of both thighs and both legs were thickly studded with papules and pustules. There were a few on the back and on the shoulders and arms, but none on the rest of the body. Practically the seat of the eruption was the unusual one of the anterior surfaces, exclusively of the lower extremities. The papules, I was informed, were the early stage of the pustules, the latter attaining the size of a large pea. The first appreciable stage was a small hard subcutaneous swelling.

“The three stages of the lesion were thus—induration, inflammation, and suppuration of a given point in the skin. The special character of the eruption was found in the last of these stages. The free bullous pustule in which the inflammation terminated is rarely found in any recognised form of skin disease. The lesions in certain forms of secondary syphilis most resembled it, but to my mind they were excluded by the uncom-

plicated character of the pustule and by the localisation. A syphilitic dermatitis which produced so much free superficial pustulation would have been universal, and would have led either to an abundant formation of rupial crusts or to superficial ulceration.

“But whilst the eruption differed from all known forms of skin disease it coincided in its principal characters with the lesions now known to be characteristic of certain forms of *iodide* and *bromide* eruptions.

“Further enquiry elicited the information which is contained in Dr. Boulton's report in regard to the administration of the *bromide of iron*. The patient further informed me that the eruption on the legs began whilst she was taking the medicine, and that new papules had continued to appear up to the time I first saw her. The eruption was left to itself, and when I saw her ten days afterwards, the smaller lesions had disappeared, and the position of the larger pustules was marked by dark-brown or copper-coloured spots, with dry adherent scales on the centre.”

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### HEADACHES.

THE approach of the winter season will, with a large number of people, be inaugural of a recurrent headache, for which they are unable to account at all satisfactorily, but which experience has taught them to expect as surely as fires and “snugness” are rendered necessary to personal comfort. It would be well if all such sufferers were to understand the *rationale* of the complaint that periodically attacks them, and be wise in time to ward off the return of their old malady. In every case where the headache is not dependent on some organic disturbance, and when it is felt only during the colder months of the year, especially in large towns, it is undoubtedly due to the vitiated atmosphere of rooms lighted by gas, and rendered “snug” by close-drawn curtains and draught-excluding doors, while a brilliant fire is maintained for heating purposes. This latter is, indeed, the only preventive under the circumstances of an absolutely poisonous condition of the air, which is very seriously contaminated wherever a gas-light is employed for illumination. Careful observation of the effects gradually produced by prolonged continuance in such an apartment, will reveal the fact that a feeling of oppression, becoming gradually more intense, steals over one; and in an increased degree accordingly as the number of occupants of the room is added to. The atmosphere becomes thus heavily laden with carbonic acid, the products of combustion of the gas and of the human tissues; failing any free ventilation this rapidly accumulates, an insignificant amount alone finding exit by the chimney, and acting on the nervous system of those

using the room, induces cerebral congestion that results in serious disturbances, which are relieved only after a more or less painful period of indisposition. The remedy for the evil is in efficient and constant ventilation, a necessity that every householder should see is secured in all the rooms of his dwelling before they are transformed into winter habitations.—*Medical Press*.

#### AUTOMATIC REGISTRATION OF BODY TEMPERATURE.

A NEW form of thermograph, capable of recording automatically the rise and fall of temperature of the body for a given length of time, has been recently invented (we learn from the *Scientific American*) by Dr. Adams, of Colorado Springs. Its principle is, causing the electrical resistance of a fine powder in a tube to vary by means of pressure derived from heat. A vulcanite tube is filled with a fine powder made of plumbago, gas carbon, and silver; these contents abutting at either end against a platinum knob. One knob is attached to a hard rubber bracket, and the other (which imparts the varying pressure) to the free end of a spiral spring, constituting the thermometer proper. This spring is made of two slips of brass and steel, soldered together, the brass occupying the outer side. The more expansible brass, on rise of temperature, causes the free end of the spring with its terminal knob to twist, and so exert increasing pressure on the tube-contents. An electric current is sent through the substance in the tube, entering and leaving by binding posts; and its variations with the varying pressure affect an ingenious electromagnetic mechanism, which produces on a moving surface a sinuous line, the graphic representation of the changes of temperature. The thermometric part of the apparatus is suitably enclosed in a circular, perforated German-silver case, which is secured in proper position in the armpit. Dr. Adams is arranging to obtain on the same strip of paper, not only a curve of the febrile condition of a patient, but also a sphygmographic and respiratory curve, so that the interrelationship of these cardinal symptoms under varying circumstances may be easily studied.—*The Times*.

#### CENTENARIANS OF ANTIQUITY.

SOLON, Thales, Pittacus, Epimenides, four of the seven sages of Greece, exceeded a century in age, according to Lucian, who fixes the date of their deaths at 600 years B.C. Epinides, poet and historian, died at the age of 154 years, according to Pliny. Aristarchus, a tragic poet of Tegæa, in Arcadia, died a century old, about the year 460 B.C. The comic poet, Cratinus, of Athens, died at 98 years of age, in the year 431 B.C. According to Valerius Maximus, Sophocles composed "Œdipus"

when he was nearly 100 years old, about 405 B.C. The satirical poet, Democritus, died at the age of 109, in the year 861 B.C. Gorgias, of Leontium, died at 108, in the year 400 B.C. The great orator, Isocrates, is said to have starved himself at 99 years of age, about the year 388 B.C. Hippocrates, the father of medicine, died at the same age, 861 years B.C. The philosopher, Theophrastus, died at 107, about the year 288 B.C. Cleanthes, of Epirus, disciple of Zeno, died at 100, about the year 240 B.C. The historian, Hieronymus, of Rhodes, died at the age of 104, about 254 B.C. The immortal Galen died almost a centenarian, like his great predecessor, Hippocrates, in the year 193. The philosopher, Demonax, of Crete, starved himself to death at 100 years of age, in the reign of Adrian, 120 A.D. The Romans have also their centenarians, but their dates are often unrecorded. Juvenal is said to have died a centenarian, A.D. 120. Terentius Varro, of Atax, died at 98, A.D. 28. Quintus Fabius Maximus died a centenarian in the year 107. Perennius Tutus, died at 111 years of age, at Cornelia, in the year 117. It appears from this list, as collected from the *Lyon Médical*, that, in ancient times, some people had already acquired a habit of allowing themselves to die of hunger; and Dr. Tanner, with his long fast, is only a plagiarist. The ancients had, however, as a justification, their great age; and they might reasonably think that they had lived long enough.—*British Medical Journal*.

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#### A NEW METHOD OF REMUNERATION FOR MEDICAL SERVICES.

Mr. HENRY DODD, a wealthy dust contractor, lately deceased, was a far-seeing man. By his will he bequeathed to his medical attendant a legacy of two thousand pounds, to be paid only in the event of his living for two years after the date of the bequest; if he lived for five years the amount was to be increased to three thousand pounds, and had he survived that period his gratitude would doubtless have taken an even more substantial pecuniary form. Unfortunately, however, for both testator and legatee, the ingenious dust contractor died within a week of making the will, and the bequest has consequently lapsed. Still, the notion was an original, and by no means a bad one. The doctor is looked upon as a necessary evil. His assistance is only invoked when mischief is done, and he has constantly to combat at a disadvantage disease which might have been prevented. If, instead of calling him in when we feel indisposed, we were to contract with the family physician to keep us in health, it would be obviously better for both parties concerned. The doctor would not receive, perhaps, such large fees for individual attendances, but he would have a less fluctuating source of

income ; while the patient, on his part, might introduce into the compact a system of fines by which his medical attendant should be mulcted for any pains or illness which might attack him, the amount of the fine to be determined by the gravity of the case. It is true that, like Sancho Panza's physician, our medical advisers might, now and then, interfere with our diet and habits in a rather arbitrary manner ; but in most instances we should be the gainers by such surveillance. The system, again, might lead to a new form of litigation—a general practitioner, for instance, praying for an injunction to prevent a gouty Alderman from attending a City banquet, or a patient suing the doctor for damages on account of a toothache which should have been avoided by medical precautions. The Chinese have a method of paying their doctors by results, and the system is at least worth a trial. Wealthy people, also, with too expectant or ungrateful heirs, might often make a worse use of their money than applying it, like the late Mr. Dodd, to the potential prolongation of their own lives, so far as this lies in the power of medical skill. It is to be regretted that the first recorded experiment of the kind has not been more successful.—*The Standard*.

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#### A MALICIOUS DRUGGIST.

A MAN who at one time dealt in drugs and groceries at Rome, N. Y., had the curiosity to keep the bulk of the misspelled notes which he received from various sources, and paste them in a scrap-book. The *Sentinel* publishes half a column of specimens, from which we cull the following :

One small scrap of paper contains simply the words, "Carbolick assid."

Another contains the cabalistic words, "Surep epoak."

No one except a druggist would know that the person who wrote for "perovd bark and allus" wanted Peruvian bark and aloes.

The person who wrote for "one ounce of grose of suppliment" wanted corrosive sublimate, no doubt.

A person with a weak back writes for a "Bourous Plaster."

A "shamie leather skin" is called for by a person who wants a chamois skin.

"Bickrement of potash," which is called for in one note, probably means bichromate of potash.

In another note, bichromate of potash is tortured into, "prock mate of potash."

"Bludroot" and "liqu rash" are called for in another note.

Some persons wrote for "anuff yellow to culler to bbls. of cotton rags."

Opodeldoc is spelled "oberdelduck" in one note, and in another seidlitz powders come in for the following: "Sutlife powders."

It was a very careful person who wrote magnesia thus :  
"Mag-ne-cia."

An ounce of "read percipity" is called for in another note.

"Corgal for a baby" is asked for in one note, and two ounces  
"Camfur" in another.

The simple word "Arnicky" stands out solitary and alone on  
a small scrap of paper. It cannot be taken for anything in the  
drug line except arnica.

Here is one that "takes the cake," as the boy says: "Keyan  
pepper, Cam fire, Lod nom, Rhen bub, Pepper mint."

*Daily News* (Ann-Arbor, Mich.)

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### BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will be held on Thursday next,  
the 3rd inst., when a paper will be read by Mr. Deane Butcher,  
of Reading.

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### OBITUARY.

#### DAVID BRAINERD DALZIELL, M.D.

WE deeply regret to announce the sudden death, on the 11th  
ult., of Dr. Dalziell, of Malvern. He was actively engaged in the  
duties of his profession on the 10th. On the morning of the  
11th, he was summoned to a patient at five o'clock. Not feeling  
well, he sent some medicine, and ordered a carriage to come  
round at half-past six. When preparing to go, he was seized  
with a spasmodic pain in the region of the heart, and compelled  
to lie down again. He requested Mr. Croker, of Malvern Link,  
to see his patient for him, and to report the condition soon after  
nine, when he hoped to be able to visit her himself. At nine  
o'clock, however, the pain returned, and death followed almost  
immediately. For many years Dr. Dalziell has been fully aware  
that he had valvular disease of the heart. It was, we believe,  
the relief he got years ago from homœopathic treatment  
that induced him to study and practise our method, of which  
he was ever a thorough though unobtrusive advocate. Dr.  
Dalziell was a member of an old Scotch family, and owned  
an estate called Glenae, in Lanarkshire, we think. He gradu-  
ated at Marischal College, Aberdeen, in 1858, and subsequently  
resided for short periods at Warminster, in Wiltshire, at  
Lympsey Stoke, near Bath, and at Buxton, chiefly, we believe,  
in search of health. In 1867 he settled at Malvern, a locality  
which, in spite of its hills putting undue stress upon the heart,  
he found to suit him better than any other. There he has  
since resided, enjoying the confidence and esteem of an  
ever increasing circle of patients and friends.

In the course of a warmly appreciative notice of our departed colleague, the editor of the *Malvern Advertiser* writes as follows: "It is beyond our sphere to discuss Dr. Dalziell's merits as a medical man; but we may make a passing note, that no one ever engaged in the important work of a physician, who used his skill and knowledge more lavishly for his patient's weal and with less regard for self-aggrandisement. It is well known that Dr. Dalziell's practice had latterly greatly increased, but the proportion of his gratuitous services more than kept pace with his growing repute and engagements. To the poor his advice and time were as cheerfully given as to his wealthiest patients, and he had the happy art of conferring a favour so delicately that the recipient was never made to feel the obligation. Dr. Dalziell was, however, less known as a skilful physician than as a man of the most active sympathy with all the great religious and benevolent agencies of the day. Eminently religious, he was free from party spirit and denominational exclusiveness. We suppose he was a Nonconformist, but he as heartily co-operated with churchmen as with dissenters in any movement that commended itself to his judgment; and in the advocacy of any cause it was enough for him that the work was good to secure his help."

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T. HALE TUDGE, M.D., M.R.C.S., Eng.

From the same cause, and, we believe, with parallel suddenness, occurred a few weeks ago the death of Dr. Tudge, of Yeovil, in Somersetshire. He was an active and useful member of the profession, and much respected in the district in which he lived and laboured.

We have been requested to state that a memoir of our deceased colleague will be published early next month by Dr. Kiddle, of Bristol.

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H. ROBERTSON, Esq.

We have also been informed of the death of Mr. Robertson, of Shrewsbury, in the 75th year of his age. Mr. Robertson was well-known in London thirty or forty years ago as the assistant and friend of the late Dr. Hering, with whom he remained until he retired from practice. Mr. Robertson then removed to Birmingham, where he was connected with the Homœopathic Hospital. About ten years ago he settled in Shrewsbury, where he died on the 14th ult. Besides being a well-informed practitioner, Mr. Robertson was possessed of highly cultivated literary tastes. He was one of the most learned Shakespearian scholars of the day.

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## CORRESPONDENCE.

### HAHNEMANN PUBLISHING SOCIETY.

Gentlemen,—If it will save trouble to the physicians who are engaged on the *Hahnemann Materia Medica*, my MSS. of poisonings extracted from the allopathic journals are at their service.

Yours,  
W. BERRIDGE.

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## NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Contributors and Correspondents are requested to notice the alteration in the address of one of the Editors of this *Review*.

Communications, &c., have been received from Dr. BURNETT, Dr. BERRIDGE, Capt. MAYCOCK, Miss ROSE ADAMS, Mr. CROSS (London); Dr. KENNEDY (Blackheath); Dr. WILLIAMS (Clifton); Dr. BAYES, Dr. HUGHES (Brighton); Dr. KIDDLE (Bristol); Dr. WALLACE (Parsonstown).

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## BOOKS RECEIVED.

*Notes on Consumption.* By S. MORRISON, M.D., London. Homœopathic Publishing Company.

*British Journal of Homœopathy.*

*Homœopathic World.*

*Chemist and Druggist.*

*Student's Journal.*

*Monthly Magazine of Pharmacy.*

*North American Journal of Homœopathy.* New York.

*The New York Medical Times.* New York.

*The New England Medical Gazette.* Boston.

*The Hahnemannian Monthly.* Philadelphia.

*The United States Medical Investigator.* Chicago.

*The Medical Advance.* Cincinnati.

*Weekly Counsellor.*

*Bibliothèque Homœopathique.*

*L'Art Médical.*

*Revue Homœopathique Belge.*

*Allgemeine Hom. Zeitung.*

*El Criterio Medico.*

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### HOMŒOPATHY A DISTINCTIVE METHOD.

THIRTY years ago the virulent bigotry of a profession, chiefly remarkable for its crass ignorance of the subject under discussion, decided that homœopathy was not a system entitled to any consideration, and that its mere existence would be one of short duration. At the present time we find men, whose names are a tower of strength, and who in intellectual capacity are certainly not inferior to the grave and potent Dr. Sangrados of the past, openly announcing that they can find no reason why homœopaths should not be treated as honourable men, and as men fully entitled to all the privileges of their profession. There has been latterly evinced a more kindly spirit of tolerance and less of a disposition to regard as Pariahs those who stand openly pledged to the method of HAHNEMANN.

In those days of bitter ignorance homœopathy was regarded as a system fit only to be held up to ridicule, the milder of its opponents denouncing it as a mistaken system, whilst others did not scruple to blacken the characters and asperse the reputations of its practitioners. The march of time, and possibly also the spread of enlightenment, have done much to tone down the angularity of professional

opposition. The empirical use of many of our remedies by allopaths has paved the way for the admission that after all there really may be some truth in the doctrines of homœopathy. We can quite understand that men, having read only those descriptions of homœopathy, hardly deserving the name of caricatures, written by ignorant popularity-hunting mongers, anxious to pose as self-appointed executioners of what they were pleased to term an expiring quackery, should imbibe such feelings as to effectually prevent them from giving serious thought or enquiry to the subject. But the last three or four years have changed all this ; the cry is no longer quackery, but we are told by such of our medical brethren as address us or the public on the subject, that there is really no difference now-a-days between us ; that there are no real homœopaths left ; and that those who remain only use the name as a means or fulcrum to lever money out of the purses of a credulous plutocracy. They point to the fact that many remedies are used in common by both sections of the profession as a powerful proof that we, the homœopaths, are rapidly deserting our colours and trooping over to the enemy. They utterly ignore the numerous indications in contemporary medical literature and practice, that the doctrine "*similia similibus curantur*" is permeating the schools, and moulding the daily practice of many of the younger generation of practitioners. Or if perchance some notorious instance is forcibly thrust upon their notice, they spend considerable time and display ingenuity worthy of a better cause, in demonstrating "that things are not what they seem," and that "*similia similibus curantur*" is just "*contraria contrariis curantur*" in a new garb suited to the needs of the age.

In the face of tendencies of this nature it is incumbent on us, and all who own homœopathy as a great medical

truth, to lay down clearly and incontrovertibly the fact that homœopathy is a distinctive method.

This is all the more necessary, because latterly there has arisen a class of men, leaders in modern therapeutics, who resemble in many ways that modern outcome or appendage of the stage, the adapter from the French, save that the latter always acknowledges the source of his productions. Their manuals of therapeutics teem with instances of drugs and methods unblushingly filched without acknowledgment from homœopathic sources. "First find your medicine in a homœopathic author, and then *discover* it in the medical press," seems to be their motto.

Many persons accuse us now-a-days of taking up a sectarian position. No one, knowing the contumely attaching to the word homœopath, would imagine that the word was adopted from choice as a designation for those who hold our views. It was forced on us, by that same medical trades unionism and Boycotting which has hitherto characterised the old school in its relations with the followers of Hahnemann. We retain it now, as a protest against those who, while willing to adopt our method and to reap all the personal benefit they can, are still unwilling to publicly declare their faith in the doctrine of similars. We do not *pro-fess* homœopathy, but *con-fess* it, as a new gospel in medicine.

The time is fast passing by when it was necessary to refute the ridiculous ideas prevalent about our practice, but none the less must we openly and firmly maintain the essence of homœopathy. That the recognition of the truth of SAMUEL HAHNEMANN'S discovery must come, and that in the near future, is patent to all who feel the pulse of professional opinion. There are still left some old world fogies, who will not trust themselves in the perilous wake of a locomotive, preferring a pair of post horses to the Flying

Dutchman; but their existence matters but little to the iron horse, and when they are dead and gone, men, if they ever remember them, will only smile at their folly. So with those who persist in casting untruthful and unreasoning aspersions in the path of the advancing dawn of progress in scientific medicine.

Thirty years ago, had SIDNEY RINGER dared to promulgate the idea that *ipecacuanha* in small doses would control vomiting, he would have been regarded either as a lunatic or a homœopath.

That homœopathy is a distinctive method is amply testified to by the fact, that the major part of the discoveries in modern medicine owe their inspiration (if nothing more) to homœopathic sources. Who that believes in *contraria contrariis curantur* would ever have advocated the use of small, aye infinitesimal doses, of *sulphide of calcium* in suppurating glands of the neck and elsewhere? What was the law used in the selection of small—yes, one drop doses of *belladonna*, in nocturnal enuresis of children? In what allopathic author do we find the use of *chamomilla* in teething? And how is the use of *arsenic* in minute doses for the cure of certain skin diseases, to be accounted for if not on the ground that in *similia similibus curantur* we have a certain and scientific method of drug selection?

And these, forsooth, are some of the reasons why we are informed that homœopathy has ceased to be a distinctive method. As well might we accuse the French author of want of originality, because some of his work is recognisable in England under another name. Turn we then from these eminent therapeutic adapters to a class of men, rapidly increasing, who admit homœopathy to be true, and employ it, more or less exclusively, as a method of therapeutic selection, but through some occult train of reasoning are afraid to confess it openly. We recently heard of one of

these crypto-homœopaths who considered that he<sup>7</sup> could do more good for homœopathy by this course of procedure than by admitting openly the truth of its doctrines. It is just possible that he may be doing more good to his patients than formerly, and it is probable that he is doing more good to his own reputation as a therapist, but we fail to discern wherein lies the benefit to the cause of scientific homœopathy. Such men, if they ever discover anything at all of benefit, are obliged to lock it up in their own bosoms, or at best to confide it to some sympathising fellow-Nicodemus. These men should recognise the fact that by their practice they are aiding the spread of that new catch word, "that there are no homœopaths left, that there is really no difference between the two methods." If the public were able to recognise the homœopathic truth under the questionable guise in which these crypto-homœopaths clothe it, the evil might be lessened, or possibly even changed into a benefit.

The distinctive term of "homœopath," has been rendered necessary in the past by prejudice and professional malignity; there are other reasons now for its temporary continuance. We fully recognise that the time is coming when there will no longer be need of it, but until that time arrives we must retain it in order to keep the doctrine of homœopathy before the profession.

Not until homœopathy is recognised as a distinctive method by the profession at large, is discussed in a spirit of enquiry in medical societies, represented in our hospitals and asylums, and taught in our medical schools, will the necessity for the terms "homœopathy," "homœopathic," and "homœopathist" be removed.

As homœopaths, it is our duty manfully to maintain the integrity of our doctrines, to show that the line of demarcation between the two doctrines is as sharp as ever, and

that allopathy and homœopathy are not assimilating as many would have us believe. Any attempt at compromise, any hushing up of truth under another name, must be rejected, as it will but reopen the bitter strife which has so long raged.

We are witnesses of the truth in medicine; a truth, which, without witnesses, would be burked unscrupulously or "adapted" more or less imperfectly, and appropriated by some imitator of Dr. RINGER.

The same conditions which have brought about the use of the word homœopathist have compelled into existence the London School of Homœopathy, an institution, by the way, which at the present time is more flourishing than ever. We know of one school in London which might with truth assume the title of the London School of Empiricism, but until homœopathy as a distinctive method is taught and recognised by the examining bodies and schools we must continue to promulgate its practice through the instrumentality of the school. It is a matter for congratulation that its usefulness is rapidly increasing, together with the number of those who attend its lectures.

A sectarian title is also forced on all our literature by the rigorous policy of exclusiveness which has always characterised the medical press. In this age of freedom of the press it seems almost ridiculous to think that for all these years no discussion of homœopathy has been permitted; rarely have letters concerning it been inserted; and even advertisements of homœopathic works are uniformly excluded by the organs of the most liberal profession in the world! But it is true, nevertheless, and this it is that has forced homœopaths to start and carry on societies, monthly and quarterly magazines, and even publishing societies for the spread of the doctrines of HAHNEMANN. The distinctive title of homœopathic cannot

be erased from all these until liberty, equality, and fraternity take the place of ridicule and exclusion. Signs of the times are not wanting to show us that the dawn is breaking. But let us not be deceived by any show of compromise, which as a first condition requires the abjuring of the word homœopathy. These efforts bear as much relation to the noonday sun of truth and honesty as a sky-rocket; they go up with a roar and a flourish of sparks, describe a brief arc in the heavens of popularity, come down like a stick, leaving no trace behind, and making no permanent impression on the Cimmerian darkness of intolerance.

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A REVIEW OF THE CHIEF POINTS OF RESEMBLANCE IN THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *ACONITE*, *BELLADONNA*, *OPIUM*, *HYOSCYAMUS*, *STRAMONIUM*, *GELSEMIUM*, *CONIUM*, *CANNABIS IND.* AND *SAT.*, *AGARICUS*, AND *GLONGIN*.\*

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DURING the last few weeks of this session, I have drawn your attention to the physiological action and therapeutic uses of *aconite*, *belladonna*, *opium*, *hyoscyamus*, *stramonium*, *cannabis indica* and *sativa*, *gelsemium*, *conium*, *agaricus*, and *glonoin*, substances the chief sphere of whose action is on the cerebro-spinal system.

In the instance of *aconite* and *glonoin*, the circulation is directly disturbed before the effects of disordered nerve function become apparent; but in the remainder, either the brain or spinal cord is, as I have shown you, primarily affected.

Such being the case, the disturbances created by each are more or less alike, and consequently all are indicated as remedies in very much the same forms of disease. But, as I have frequently insisted, it is nevertheless a matter of

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considerable importance which you prescribe in a given instance. As we have gone along, I have endeavoured to point out the circumstances which should guide you in your selection, in your preference for one or other. It is for cases that you have ultimately to prescribe, rather than for diseases. The differences between both diseases and medicines are expressed by the symptoms. Hence it is of the utmost importance that you should have a clear conception of the different modes in which these drugs show their analogy to diseases which are nosologically the same.

I have thought that by reviewing the morbid states which these remedies simulate in their action upon the healthy body together, I might perhaps make these *differentiæ* clearer to you, and impress them more emphatically upon your memories.

In carrying out my purpose, I shall first bring before you the febrile conditions reflected.

Of the twelve remedies we have to consider, only four can be said to excite anything of a febrile state; these are *aconite*, *belladonna*, *hyoscyamus* and *gelsemium*, while of these *aconite* alone produces a thoroughly well marked sthenic pyrexia. That to which *belladonna* gives rise is much less active, and more purely sympathetic than is that of *aconite*; while the febrile excitement of *hyoscyamus*, though like that of *belladonna*, is less pronounced—so much less so, indeed, that the phenomena marking it are almost too transient to allow of our speaking of them as fever. One of the chief distinctions between a *belladonna* poisoning and one produced by *hyoscyamus*, is that with the former febrile excitement is fairly developed, with the latter it is but very slightly expressed. The fever produced by *gelsemium*, again, is not sthenic and continuous, neither is it truly sympathetic, but distinctly remittent in its type.

To carry our distinctions a step further—the fever of *aconite* is well marked in all its stages. The chill and rigors are unmistakable, the skin is hot and dry, the thirst is great, pulse quick and hard, and the process terminates in perspiration. Another marked feature in the action of *aconite* here, is the great restlessness it gives rise to, the tossing to and fro, and at the same time the great anxiety and impatience which are present. Moreover, evidence is generally found in a slight degree of the inflammatory process having been set agoing in some organ or tissue.

Compare this state with the fever of *belladonna*, and we find that in the latter, the chill and rigors, instead of being severe, are quite the reverse ; they are comparatively slight but the heat is very great ; thirst is much less marked than in the fever of *aconite*, and the sweating which follows is but slight. Neither do we find the restlessness, impatience, and anxiety which we meet with in cases where *aconite* is useful. The nervous excitement is altogether of a different type, and tends rather to delirium.

In *hyoscyamus*, again, the slight fever which it produces is chiefly marked by the profuse sweating which succeeds a faint chill, followed by a slight increase of heat.

*Gelsemium*, as I have already observed, differs entirely from the previous three drugs in the kind of fever it produces—this being essentially one of a remittent character. The initiatory chill is considerable, and is followed by heat, or rather flushes of heat, with prickings in the skin, and this again by profuse perspiration with great prostration.

We have, then, in these drugs, illustrations of fully developed sthenic fever, such as ushers in most inflammations of internal organs ; of the sympathetic fever accompanying some congestions—well defined in its character ; of a faintly marked fever of a similar type, and of one of the many forms assumed by intermittent or remittent fever.

We come now to the direct influence they have upon sleep. This influence is especially marked in *aconite*, *belladonna*, *opium*, and *hyoscyamus*.

By *aconite*, the sleep is disturbed, light, and very restless. Dreams abound of an anxious, worrying, and puzzling character. It resembles the sleep of a person who retires to bed somewhat feverish and excited. Its chief characteristics are the lightness of the slumber, and the restlessness of the patient. *Belladonna*, on the other hand, produces a condition in which, while sleep occurs, it is frequently interrupted by sudden startings, the patient wakes with a scream, and in a fright. There is not actual insomnia at first, but a disturbed, excited sleep, such as is often seen in teething children when cerebral congestion is threatening.

In *opium*, again, we find as the primary effect a condition of well marked insomnia, the symptoms of which suggest it in cases where the patient feels a desire to sleep, but cannot get any ; he is not wide awake, without any inclination for sleep, but he is sleepy without being able to obtain any ; getting off to sleep after a time, he is in a few

minutes awoke by the least noise. Short naps are also crowded by dreams of a more or less horrible and alarming character. When, on the other hand, the full effects of *opium* have occurred as shown, when complete congestion has been set up, the sleep is heavy and snoring, the patient cannot be aroused save with difficulty. The dreams are yet more vivid and frightful. Such a sleep as this is generally followed by severe headache of a pressive character.

*Hyoscyamus* gives rise to a kind of sleep very much like that of *opium*, and one, in some points, resembling that of *belladonna*. The sleep here is obtained fairly readily, but it is restless and frequently interrupted by dreams of a frightening character, causing the person to start. It is a restless, excited sleep. Both *opium* and *hyoscyamus* are often indicated in the restless, partial insomnia, due to excessive mental activity; the decision as to which is to be administered will depend upon concomitant symptoms. *Cæt. par. opium* will be more suitable in persons of a somewhat lethargic habit, while *hyoscyamus* is indicated where the aptitude for excitement is greater. Lastly, *opium* is required where the tendency to sleep heavily is the distinguishing feature of the case—where heaviness and oppression are conspicuous.

Headache is a prominent symptom of the pathogenesis of all the drugs I have brought before you. In all the pain is dependent on the existence of more or less cerebral blood stasis. It varies in degree of intensity, and manifests itself differently in each.

The headache of *aconite* is marked by a confused and muddled sensation, with heat and throbbing at the temples. A pressive and contractive-like pain in the upper part of the forehead, increased by light and noise, is characteristic of *aconite*. It is, in short, the sort of headache which ushers in a sharp febrile attack of a sthenic type. There is little or no delirium with it, but there is a distinct, though not severely, increased blood pressure in the brain.

With *belladonna*, on the other hand, the presence of congestion is very decided. There is a sense of pressure over the entire head, though it is mostly felt in the forehead, and involves the eyeballs, which are heavy and painful. Further, dizziness and vertigo are especially prominent, so much so as to lead to staggering. Every movement increases the pain; anything but a dull light is unendurable. The closeness of a room increases it, while

fresh air gives relief. It is often, too, attended by a flushed, swollen face—a very characteristic symptom of *belladonna*. When severe, this headache will be followed by a mild form of delirium; the patient talks irrationally, tries to get out of bed, when it is necessary for him to remain there. But whether with or without delirium, the *belladonna* headache is commonly followed by confusion.

*Belladonna* is thus *par excellence* the remedy in congestive headache of the type ordinarily met with, where the circulation is slightly but not seriously increased. The headache produced by *hyoscyamus* is somewhat like that of *belladonna*, but yet differs from it in a few particulars. The pain, chiefly felt in the forehead, is pressive and stupefying, is felt also in the eyeballs, and renders vision indistinct. There is a great deal of vertigo and confusion, and some faintness, with a feeling as if a tight band were around the head. But there is not much heat, little or no flushing of the face—which, on the contrary, is usually pale—and little or no excitement of the circulation. Following the headache is delirium, characterised by obscene acts and words, and in some instances by a greater degree of violence than that which marks the action of *belladonna*.

*Cannabis indica* gives rise to a severe headache, chiefly in the forehead and occiput. The pain in the latter situation is of a stunning character, and gives the sensation of something rushing from the occiput to the forehead. At the same time, there is considerable vertigo, and sense of swimming, aggravated by motion. This, too, is a headache, followed by delirium, with visions at first gorgeous, and then horrible in the extreme.

The headache of *stramonium* is expressed by a sense of fulness, as though the head would burst, associated with a stupid dull feeling, and producing a perfect indifference to anything and every one around. This form of headache often terminates in a weakness of memory. The headache which precedes the delirium so characteristic of *stramonium* is more distinctly of the congestive type, and marked by giddiness, flushed face, a brilliant eye, incoherence, and unconnected chattering.

In *opium*, we have a headache of the intensely congestive order. There is a feeling as of a rush of blood to the head, with vertigo, a sense of weight and pressure referred to the

forehead and occiput. With it we have drowsiness, incapacity for grasping even common-place ideas, a total loss of interest in all that is going on. The headache here does not tend to delirium, but rather to coma. It is essentially the headache of the apoplectic subject.

*Glonoin* also produces a headache of the purely congestive order. The seats of pain are pre-eminently the vertex and the occiput, where the pain is throbbing and oppressive, and extends thence to the temples and forehead. There is great heat in the head, a flushed face, with palpitation of the heart, and a sick, faint feeling is referred to the stomach. This headache is remarkably increased by movement—shaking of the head, or jarring of the foot, or noise, aggravate it greatly—but it is not associated with any delirium.

The headache of *gelsemium* is in some respects like that of *glonoin*, but the throbbing is much less intense. The forehead and occiput are the parts chiefly affected by the pain. In the occiput the pain is throbbing, dull, and heavy, and there is at the same time a sense of numbness. It is increased by movement, is worse on stooping and towards evening. There is here, as when *hyoscyamus* has been taken, a sense of tightness around the head, vertigo, with a tendency to stagger. The frontal headache is associated with indistinctness of vision, and a loss of power in the orbicular muscles. The pain here is pressive, stitch-like, and shooting, not throbbing as in the occiput.

The headache of *gelsemium* is not associated with either loss of consciousness or delirium. It is indeed more of the neuralgic type of headache than one of simple congestion, like that of *belladonna* or *opium*.

*Agaricus* gives rise to a headache of the neuralgic type. Together with a sense of confusion and vertigo, we have pains in the head, as if cold needles were pricking the part affected, pain like the boring of a nail in the right side of the head, described as boring, tearing, cramp-like, and sometimes throbbing. As showing still more clearly the neuralgic character of the headache, these pains are confined to certain spots in the head; they do not radiate over the whole of it, but are met with in one person in one part, in another in another. Moreover, this headache is associated with considerable exhaustion, and also with twitching pains in the muscles of the extremities.

*Conium* also produces a headache of a nervous character. The pain is described as pressive, squeezing, and is felt chiefly at the top of the head and in the forehead. It is most marked on the right side of the forehead, and when, as sometimes occurs, it occupies the occiput, it is mostly to the left.

How markedly the headaches of these several drugs differ from one another will now be apparent. To summarise our analysis still further, I might add, that *aconite* represents the febrile type of headache, *hyoscyamus* that of a certain degree of congestion, *belladonna*, *glonoin*, *cannabis*, and *stramonium*, represent a more intense degree of the same condition; while in *opium* you have it produced to an extent culminating in coma. In some, the pain is felt throughout the head; in others, it is most marked in one portion of it. Again, in *gelsemium*, *agaricus*, and *conium*, you have drugs giving rise to a headache such as is commonly termed neuralgic.

In practice, these differences are of the utmost importance; not only must the pathological condition be recognised, but the manner in which it displays itself, and the general condition of health with which it is associated.

From headache we pass to consider the variations in the character of the delirium produced by some of these drugs.

Those in which delirium occurs are *belladonna*, *opium*, *hyoscyamus*, *cannabis indica*, *stramonium*, and *agaricus*. Under the influence of *belladonna* the patient is completely lost to all that is going on around him; he takes not the slightest notice of anyone or anything, unless addressed in a loud tone of voice, and then he stares vacantly at the person so speaking to him, and relapses into his state of apathy. During this state he is busy and restless; is either apparently engaged in pursuing his ordinary avocation or is grasping at imaginary objects; he has very vivid hallucinations, seeing cockroaches and the like. Again, it is of the sort called "meddlesome;" the patient picks at and handles imaginary objects in the air, muttering or smiling or chattering the while.

When *hyoscyamus* has given rise to delirium, it is one which, in its early stages, is controlled with comparative ease. There is a good deal of muttering and lack of comprehension; to all questions he answers simply "yes" or "no." There is not the absolute indifference or unconsciousness of *belladonna*; replies are made, but they are

simply "yes" or "no." He clutches with his hands at imaginary objects, picks at the bedclothes. Again, his movements are sudden, he strikes out at his attendants, or tries to bite; all is done rapidly, as if from some sudden impulse. He becomes excited, and talks incessantly on a variety of absurd topics, sings, laughs, and frequently does or says obscene things.

In *opium* poisoning, the delirium is marked by incessant chattering, great irritability and much excitement, which is presently succeeded by deep melancholy. During the various phases of this delirium, the person exhibits great fear; he sees, or rather thinks he sees, ghosts, frightful animals and other alarming objects; all too real to his frenzied brain, and hence his terrors, his restlessness, and, so far, his sleeplessness.

In the delirium of *stramonium*, we see the sense of terror very great indeed. The hallucinations are alarming, and have a reality about them, impelling the patient to fight his way out of the reach of his imaginary enemies, thus leading to the display of great violence. It is a delirium that is sudden in its onset and marked by shouting, screaming, gesticulating, laughing, and immoderate and incoherent talking. In the milder form of the *stramonium* delirium, the hallucinations are like those of *opium*—insects crawling, and so forth. The excitement is, however, greater and more violent than that which marks the *opium* delirium.

*Cannabis indica* produces a delirium, of which immensity is as good a definition as any other. Minutes appear hours, yards miles. Everything surrounding the patient is grand. A hovel is a palace, a beggar a millionaire. On the other hand, spectres of the most horrible and revolting appearance are among the hallucinations. Moreover, in the *cannabis* delirium, an idea possesses the mind that the person has a double existence—one is being pursued, while the other is looking on.

In short, the delirium of *cannabis* seems more like that of some kinds of mania, than the form of mental disturbance met with in acute disease. But there are cases of delirium tremens in which the kind of delirium is very like that of *cannabis*. As you will have observed, it is totally different to either of the other forms to which I have referred.

In *agaricus*, the delusions which mark its delirium represent grandeur and importance, in the first instance.

The patient is cheerful and good humoured, and chatters a good deal of incoherent nonsense. Throughout the muscles of the extremities tremble. Presently excitement increases, and reaches its highest point in screaming and raving—to be shortly followed by confusion, prostration, and stupefaction.

We observe, then, such leading points of difference as the following between these several drugs in the kind of delirium they excite. In that of *belladonna*, the manifestations of restless excitement are passed amid a state of perfect unconsciousness, and attended by some excitement of the circulation. That of *hyoscyamus* is accompanied by little or no fever, is noisy, the violence of the patient is manifested suddenly. That of *opium* is characterised by irritability and fear. That of *stramonium* by intense terror and violence and shouting. That of *cannabis* by visions of grandeur on the one hand, and horror on the other, but without violence. That of *agaricus* by cheerfulness at first, incoherence in speech, then excitement, and finally stupefaction.

The consideration of the delirium produced by these medicines is separated by but a narrow line from the condition of mania. It is, however, only in three of the half-dozen I have just referred to that mania can safely be said to be one of the established effects. These are *belladonna*, *hyoscyamus* and *stramonium*.

The *belladonna* maniac has a wild, fierce look, the eyes sparkling, and the pupils are widely dilated; the face is red and swollen, the pulse full, hard and quick. He is quarrelsome in his violence, and yet exhibits some considerable sense of fear. He makes sundry efforts to bite and strike those around him. He is sleepless; and also incoherent in his talk. The circulation is always excited, it will be remembered, in cases to which *belladonna* is homœopathic.

*Stramonium* produces a condition resembling mania in the passionate violence it excites. The pupils are fixed and dilated, the person starts with great suddenness as if in terror, shrieks and screams and makes rapid and energetic movements in efforts to carry out a destructive purpose.

*Hyoscyamus* produces a kind of mania of a totally different type. With no small degree of violence, in the

manifestation of which considerable cunning is exhibited, the patient runs about dancing and grasping at objects real and imaginary. He is quarrelsome, and attempts to bite and scratch. His conversation, incoherent as it often is, is obscene. There is little or no excitement of the circulation, the face is pale, the pulse rapid but small, the pupils dilated.

The essential points to be noted here, as compared with *belladonna* and *stramonium*, are the nerve exhaustion rather than exaltation, which is typified, associated with a comparatively feeble condition of the circulation.

I have, in going through these medicines, pointed out the similarity of the convulsive movements some of them excite to those which characterise a fit of epilepsy or an attack of tetanus or chorea.

*Belladonna*, indeed, gives rise to conditions simulating all three disorders in certain instances. During the unconsciousness to which it gives rise, convulsions occur resembling those of epilepsy. The limbs contract spasmodically, and the face is swollen and somewhat livid.

Then, without unconsciousness, we find among the phenomena of *belladonna* poisonous spasmodic twitchings of the muscles of the face, and extremities, with headache and confusion—herein resembling chorea.

But beyond the choric spasm of epilepsy and chorea, *belladonna* produces a spasm like that of trismus; the jaws are rigidly closed, the face is red and swollen, the muscles of the spine and the extremities are rigid.

*Hyoscyamus* produces a convulsive action somewhat like that observed in epilepsy and also in chorea. The muscular spasms are scarcely so violent as are those produced by *belladonna*. The muscles of the face twitch and jerk; there is a good deal of frothing of the mouth; and the spasms are often of a somewhat tonic character. The hands, for example, grasp anything that may happen to be in them with great force and rigidity for some time. The distinction to be observed in deciding between *belladonna* and *hyoscyamus* as medicines to be given in convulsions—and both have their place in the treatment of acute epilepsy or eclampsia—are to be found in the force of the convulsion, which is greater in *belladonna* than in *hyoscyamus*, in the excitement of the circulation, which is also greater in *belladonna*, and in the character of the delirium, the

difference of which I have just pointed out. In chorea, *hyoscyamus* is less often indicated than is *belladonna*.

The convulsions which mark a case of *stramonium* poisoning resemble those of one of chorea more than either of the drugs under consideration, except *agaricus*, with which I will compare it.

The chorea-like spasm of *stramonium* comes on suddenly, just as does the delirium it excites. The jerking movements are rapid and frequent, and proceed from muscles in all parts of the body—face, mouth, back, shoulders, and extremities; the tongue is also affected, and suddenly jerked forward now and again; curious noises are frequently made.

In *agaricus*, these twitchings are mostly remarked in the face and extremities; the cerebral symptoms noted as occurring in *stramonium* are not present, but simply twitching and jerking of different groups of muscles, now in one limb, now in another. But at the same time there is considerable nervous exhaustion. In *stramonium* cases there is excitement, in those indicating *agaricus* nervous depression.

*Stramonium* is useful almost exclusively in recent cases. *Agaricus* in such as are more or less free from cerebral excitement.

It must be remembered that *aconite* produces a tetanic-like state, to a limited extent at any rate, a degree indicating its utility in tetanic states which have been excited by cold.

The cerebral apoplectic state is the result of poisoning by *belladonna*, *opium*, *hyoscyamus*, and *glonoin*.

The symptoms of apoplexy which call for *opium* may be summarised as follows:—the patient is comatose and snoring, his face swollen and bloated-looking, red or livid in colour, the pupils are contracted and insensible to light, the breathing is stertorous, the surface cold, and the pulse full, and heavy, and slow, or quick, small and feeble. In proportion as the coma is great, the pupils contracted and insensible, is *opium* indicated here.

In *belladonna* poisoning there is coma, but scarcely so heavy and complete as in that from *opium*. The eyes are closed, the pupils dilated, the jaws fixed, the hands and feet cold, the pulse hardly perceptible, the respiration heavy and stertorous. So far the distinction to be drawn between the indications for *opium* and *belladonna* appear

faint, and are to be gathered rather from other symptoms than those which directly refer to the brain. The patient in whom *belladonna* is the best remedy is a more excitable person. He is usually younger. The attack is the result of a more acute congestion of the cerebral vessels. In cases calling for *opium* the stupor is more complete. There have been premonitory symptoms of the approach of the attack for a greater length of time, and the patient is of a more plethoric habit.

In cases where you will be called upon to prescribe *hyoscyamus*, the apoplectic symptoms are those which are due rather to the complete rupture of new fibres that have for some time been gradually disintegrating. The patient is unconscious; the pulse is small, thready, and rapid; the respiration is stertorous and difficult, but this rather from spasm of the pectoral muscle than from cerebral blood stasis; the body is cold, and there is a good deal of muscular rigidity; the pupils are dilated, and their conjunctiva injected.

The apoplexy in which *glonoin* should be given is one where the blood stasis, which has occurred in the brain, is contingent upon an hypertrophied heart. The suddenness of the attack and the violence of the heart's action will direct you to the choice of this medicine in preference to others.

*Belladonna* and *opium* are indicated in apoplexies dependent upon direct cerebral congestion; *hyoscyamus* when the apoplectic condition is traceable to *ramollissement cerebri*; and *glonoin* when an hypertrophied heart is the main source of the apoplectic condition.

In paralysis, the result whether of a distinct apoplexy or that which follows a *ramollissement cerebri*, there does not seem to be much scope for medicinal action in promoting recovery of power. Nevertheless, the irritation in the injured part, which, if unsubdued, tends to keep up the paresis, may unquestionably be held in check by appropriate remedies. Of such we have considered two or three.

*Belladonna* is the most useful when headaches of the type I have already described are present, together with a weight and sense of inactivity in the limbs. It is, however, less in the paralysis of cerebral than that of spinal origin in which this medicine is indicated, and in which it has been found most useful. Thus, in the paralysis of locomotor ataxy, when the power of will over the muscles is

diminished, when the movements, such as they are, are irregular, staggering, jerky, when muscular co-ordination is lacking, and when at the same time you have such symptoms as incontinence of urine, injected conjunctivæ, pupils varying in size, and the like—here *belladonna* will often do service.

*Gelsemium* is, in some points, not unlike *belladonna* in its relation to paralysis. It is, however, in spinal paralysis alone that we have any reason for using it. It gives rise to no loss of consciousness, no true cerebral apoplexy; but the spinal cord is, by it, undoubtedly congested. Complete motor paralysis is a well ascertained result of *gelsemium*. Given, then, a case of motor paralysis of the limbs, or of the sphincter vesicæ, or both, with burning in the spinal column and tingling in the extremities, and you will find *gelsemium* of more use than *belladonna*.

The paralysis in which *conium* effects some good, perchance not much, yet more than any other drug, is that where softening is the cause of paralysis in elderly people. Where, with loss of motor power, you find an enfeebled memory, a weakened intellect, you may, with *conium*, do something to relieve and tone the nerve debility which has been engendered by long continued wear and tear.

There is one form of paralysis, and that a purely local one, which I ought not to omit the mention of. I refer to facial paralysis—that induced by cold—in which *aconite* is an admirable remedy. A paralysis which can be secured by driving in a low state of health in an open carriage on a cold, snowy night, when the temperature of the atmosphere is low, and its degree of moisture high. Here, *aconite* will restore nerve power more surely than all the brandy and water that was ever mixed.

Of the medicines I have brought before you, four have a direct influence on certain cases of neuralgia. Each is, as you will see, indicated in cases markedly differing the one from the other.

The neuralgic pain produced by *aconite* is shooting and darting in character, is felt especially in the right supra-orbital ridge, extends upwards over the scalp, and laterally to the temple and cheek of that side, passing into one or two teeth. At the same time the cheeks are hot, the pain is felt most severely during the evening, and is increased by any pressure exerted on the part. It is a neuralgia which is in all particulars acute, generally the result of a chill,

and ushered in with rigors and some excitement of the circulation.

*Belladonna* is homœopathic to a neuralgia which is clearly dependent on congestion or hyperæmia. The face is burning, swollen and flushed. The pain is hot and darting in character, and takes the direction of the fibres of the fifth pair. Unlike that form cured by *aconite*, it is not necessarily an acute disease: on the contrary, chronic neuralgias of the face, associated with well marked hyperæmia, have not unfrequently been permanently relieved by it. The *belladonna* neuralgia, too, is generally remarked as being worse at night, and occurs most frequently in plethoric persons.

*Gelsemium* is indicated in neuralgia affecting nerves in divers parts of the body. The pains are sudden, acute and darting. They resemble electric shocks, and after passing off, leave a line of tenderness in their track. It is a neuralgia totally different from that to which *aconite* and *belladonna* are homœopathic, and resembles that which sometimes forms one of the *reliquiæ* of a depressing fever or other acute illness.

The neuralgia to which *agaricus* is homœopathic differs from either of the three, I have noticed. There is a good deal of nerve erethism. The pains are like the effects of fine splinters driven into the muscles and cheeks. They do not appear along the whole track of the nerves, but, as it were, in individual points of it. They are sudden and sharp—are felt sometimes on one and sometimes on the other side of the face, which is hot and puffy; and very generally there is, in addition to the pain, a constant jerking irritation and twitching in the muscles.

The pathogenetic actions of the medicine I have been dwelling on resemble one another in several other morbid states, but I have time only to refer to two.

The cough produced by *belladonna* is mostly dry, the expectoration being scanty. It is paroxysmal, provoked by tickling in the larynx; comes on early in the evening, or when lying down in bed, the larynx feels sore and the chest somewhat oppressed. In plethoric persons it is often indicated in congestion of the lungs, more especially when head symptoms are present, and there are much heat and burning in the face.

*Hyoscyamus* gives rise to an irritable nervous cough, with a good deal of mucus in the throat, which comes on

after a person has fallen asleep, and awakes him. It is relieved on sitting up, but recurs when lying down again. There is little or no expectoration attending it, neither is there any reason to suppose that there is any hyperæmic condition of the mucous membrane of the larynx or trachea as its cause—but that it is the result of simple nerve irritation.

The cough of *conium* is hard, dry, and tickling, and is felt especially when lying down at night.

The cough produced and relieved by *agaricus* is much more irritating than that caused by either of the drugs I have noticed. There is a sense of constriction in the larynx, which gives rise to a series of irritating paroxysms of cough, which are easily suppressed by an effort of the will, but are otherwise incessant. It is a spasmodic cough, often violent during the day, but much worse at night, and frequently wakes the person out of sleep, producing at the same time a great deal of breathlessness.

In conclusion, I will briefly compare the action of *belladonna*, *opium*, *hyoscyamus*, and *cannabis* on the bladder.

*Belladonna* gives rise to a certain degree of strangury, with some retention, passing ultimately to incontinence.

*Opium* produces complete retention of urine, proceeding from paralysis of the fundus.

*Hyoscyamus* excites great irritation at the neck of the bladder, causing frequent micturition, especially at night, as often happens in an irritated and enlarged prostate.

*Cannabis* sets up a well marked inflammatory state of the neck of the bladder, and of the urethral mucous membrane, as indicated by a constant desire to pass water and the passage of urine in small quantities with considerable pain.

You will find, gentlemen, that, by studying drug symptomatology in this comparative manner—by taking, as I have endeavoured to do this afternoon, several drugs having a more or less analogous action, and noting the points in which their action, similar as it *en gros*, differs *en detail*—you will greatly add to the facility and efficiency with which you can select your remedies in the treatment of disease.

21, Henrietta Street,  
Cavendish Square.

## CLINICAL CASES, WITH REMARKS.\*

By S. H. BLAKE, M.R.C.S., Liverpool.

## CASE II.

*Illustrating the Toothache of Sanguinaria.*

THIS is a medicine which may prove of considerable value to the dentist, for, judging from the temperament and constitutional state of a patient in whom I have of late observed a toothache produced after taking the *sanguinaria*, this variety of dental pain would appear to be one of rather frequent occurrence among people with decayed teeth. I have since employed the drug in toothache with some success. I had occasion to select *sanguinaria* for the treatment of a lady aged 58, of sanguine temperament and disposed to rheumatic gout, evidenced by the enlarged joints of the fingers and by tendency to a painful swelling of the face and side of the head (left side), and a left-sided facial palsy, attributed chiefly to a rheumatic affection of the head. But there had been also a history of true gout in her parentage. Unfortunately her husband was also gouty, and one of her daughters presents plainly the signs of the same diathesis. The articular enlargements of the fingers do not look so much like the deposits of typical gout, but correspond to the appearance of chronic rheumatic arthritis. Besides a painful red swelling of the left side of the face and head, lasting for about three weeks, there was continuous, dull and deep seated pain in the region of the liver, about the lower ribs in the right axillary line, together with indigestion and constipation. These symptoms vanished as if by magic after one dose of *sanguinaria*. She was ordered 5-drop doses of the pure tincture three times a day, but for some reason of her own she only took one dose. After that there was no liver trouble and no constipation, but the medicine developed a troublesome toothache.

The symptoms shall be related as much in her own words as possible. Thus: on the 17th of December she took five drops of the *sanguinaria*, and between this time and the 26th there came a very bad toothache, although there was great improvement in other respects, as before stated. On the 26th it was again ordered to be continued

\*Being part of a series of cases, the record of which gained for Mr. Blake the "Epps" prize of £10.

as at first directed, 5 drops three times a day; but the toothache increased and continued so badly under this medicine that she sent a messenger on the 28th to ask for its *veto*, when the dose was remitted to one-tenth part of the former dose, twice daily. The following day I obtained a report as to the kind of toothache experienced, and she reported that "This weary toothache began about a week after the new medicine had been taken. I bore it," says she, "as meekly as I could until yesterday, but as I can scarcely eat and it keeps me awake at night, I thought it best to make a stir. I have taken none to-day, so perhaps it may die away pretty soon. As regards the previous state of the teeth, there is not a sound tooth in the head." This unsoundness of the teeth is another contingency, but not a useless one, for it is most convenient to be able to cure the pain in the carious teeth of patients. "I wish," she says, "that what teeth are left were all out of my head. What with stumps and odds and ends"—they all amount in number to about a dozen. The pain, however, began in a tooth which had never ached before, although it has a "wee hole in it." This is in the right upper jaw, but "the pain dug down into every old root I have, and made me remember where they were. My gums throb and nerves shoot, and, altogether, I am in a bad way. When I open my mouth to eat, it gets very bad; then, after a time, the great pain dies down, and leaves a teasing, gnawing pain. However, all the time, I quite forgive you and your medicine too, for it certainly did me a great deal of good. My tongue is cleaner, and I have had no trouble with liver, stomach, or bowels since (constipation). The sound of the distant sea, though, is still in my ears, more or less, and is worse when lying down. No music or singing in the head now. Swelling of head and face gone down."

She asked for *merc. sol.*, as she had on a former occasion found that good for toothache, which I agreed to as an antidote. 3rd attenuation.

After an interval of freedom, she (on January 10th) again writes: "I had quite lost toothache, so began *sanguinaria* let down to one-tenth of the former dose. After three days toothache came back much worse. It is now in one tooth. The nerve is exposed, but hole so small I could not put anything into it to stop the pain. *Merc. sol.* 3 seems no good—the tooth is so sensitive, even breathing makes it ache. I feel so done up from so many

hours bad pain and loss of sleep. Can you send a cure? Last time the pain only lasted some minutes and then flew all round and died down, now it is in one tooth and constant."

I sent her *rhus. t. a.* for an antidote, which proved soon effectual.

Here are these symptoms of *sanguinaria* abbreviated:—Pain beginning in the right upper jaw in the most recently diseased carious tooth; extending thence to the roots of all the other carious teeth; a digging pain with throbbing of the gums and shooting in the dental nerves; the pain worse on opening the mouth to eat; also keeping her awake at night; and, after cessation of the more severe pain, leaving behind a teasing and gnawing pain, the gum swollen and sore.

What were the hepatic and other symptoms so promptly removed by this medicine? These had been very obstinate for some time, failing to give way to *bryonia*, *mercurius*, and even *lycopodium*. The symptoms were pain and soreness in the hepatic region, resisting even strong mustard applications employed for its relief. Pain in the right hepatic region, about the lower three ribs, and extending rather backwards than forwards in the site of the liver. Pain rather deep in position. Is subject also to a grip-like pain around the head on a line with the pinna of the ear. Head worse on hurrying or from any anxiety. Head sensitive to noise—always the rush of the sea in the ears. Bowels act only every two days, with difficulty. Pain goes down the right arm after using it. Painful swelling of left cheek, with redness, complicates a previously existing palsy of the portio-dura. The liver (hepatic region) feels swollen and especially so after food. Her own voice sounds so that she cannot tell how loud it is—it seems to come from a distance. It was from this symptom, together with the liver symptoms, that *sanguinaria* was first prescribed. See *Cypher Repertory*. Some time previously there had also been singing noises and occipital pain, with tight feeling in ears as if stuffed. The food all "seems to go into wind." Bitter taste, tongue white. "*Quinine* never agreed with her," she says.

After noticing the dental symptoms, I turned with some interest to the *Materia Medica*, and to confirm my conviction found that they were pathogenetic; that *sanguinaria* has toothache in hollow teeth when touched by

the food ; also a spongy, bleeding, and fungoid condition of the gums. My patient had also a slight jaundiced state of conjunctiva and skin, and this symptom, again, is in the pathogenesis of *sanguinaria*. The pathological state of the teeth would seem to indicate inflammatory action, extending not only to the gums and roots of the teeth, but even to the dentine, pulp cavity, and nerve ends of the teeth. The pulp, which before, even though more or less exposed, had been in a quiescent state, is rendered highly irritable and sensitive by the action of *sanguinaria*, and pain is experienced by the least touch, by mastication, and is increased, too, at night ; and this hyper-sensitiveness extends not only throughout the pulp cavity, but the dentine and alveoli appear also to participate largely in the disorder. In gouty patients, perhaps also in the gouty-rheumatic, this drug, therefore, should be exceedingly useful for toothache occurring in hollow or carious teeth, under the conditional symptoms before named. Constipation and flatulence are well-marked points for *sanguinaria*, and the urine, high-coloured, deposits copiously of lithates. The mental state, again, brings us near to that of gout ; there is the angry irritability, or moroseness ; cannot bear a person to walk in the room ; and this dislike to activity, noise, and desire to be perfectly quiet, is just characteristic of *sanguinaria*. There is also noted in Hering's work, rheumatic headache running up the posterior auricular region ; also headache occipital, spreading upwards and settling over right eye ; painful sensitiveness to sounds, burning of ears, cheeks red, singing in the ears, and vertigo ; so very many of *sanguinaria* conditions are associated with or dependent on flatus. Its action on the chest, besides the well-known use of it for pneumonia, enables it to control bronchitis, especially in persons suffering from inactive liver, and bowels, and flatus, and in persons with the lithic acid diathesis. In such persons where the bronchitis extends from the throat pit down to the minute ramifications of the bronchia, this is a valuable medicine. If the sputa be yellow, more or less difficult to expectorate, and not naturally inclined to diminish, it aids the expectoration, and at the same time diminishes the tendency to its reformation. I have not observed it do much for relaxation of the uvula, but it diminishes the spasmodic asthmatic respiration of the bronchial tubes, which often attends the

above-described form of bronchitis. It suits well after *tartar emetic* has exhausted its good effects, and it makes the night cough less troublesome if this be a well-marked symptom, and especially if increased by flatulence of the stomach.

### *Comparison of Medicines.*

*Sanguinaria*, as I have said, corresponds to the constitutional state, and to the local symptoms of the first case cited. There are also a few other medicines allied to gout and its inflammatory complications. *Benzoic acid*, for instance, is so allied, and has the inflammatory facial symptoms, but its pains in the hepatic region are mostly stitching pains, and its main effects are directed more directly upon the urinary organs than the liver; therefore, for the given phase of my patient's illness, I prefer the *sanguinaria*. However, this *benzoic acid* is a great medicine for gouty conditions. Again, *actæa* and *macrotin* would fail here in the local symptoms and signs, although *actæa* has the mental ones. *Bryonia* corresponding to some things locally of the face, palliated only as I found in this case, and it fails in the general condition and hepatic symptoms—its pain being stitching, and worse on inspiration, not present in the case cited.

*Colchicum* has no such facial conditions. *Sulphur* causes swelling of the cheek, but the redness is circumscribed, or face is pale, and erysipelas begins at the right ear, though its action on the liver and general vitality would render it a very useful medicine to a patient of this kind, when passed out of the acute illness. *Arnica* acts on the right side of the head and face, and fails in the mental symptoms. *Chelidonium*, very like in many respects, fails in the facial symptoms as compared with *sanguinaria*; the swelling, redness, stiffness, and soreness of the face and head are so very extensive in the proving of this drug. *China*, the face is alternately red and pale. *Mezereon* is deficient in hepatic symptoms. *Sabina* has flushes of heat. *Colocynth*, *arsenic*, and *belladonna* suit rather the neuralgias of gout. *Guaiacum* much resembles *sanguinaria*, but seems not so fully proved, and its hepatic action is not so clearly made out. The redness of *guaiacum* is spotted, but the power of this drug to induce swelling of the side of head and face is akin to that of *sanguinaria*, and its suitability to gout about the head is well known.

### CASE III.

#### *Neuralgia cured by Gelsemium.*

A young lady, æt. 19, daughter of the patient whose case was described in case I., once suffered from a severe neuralgia. When the pain occurred, it began in the occiput, then extended forward to the forehead, and proceeded to a continuous cephalalgia. The tongue was white, bowels constipated, and there was some catarrh of the nose. Pain decidedly worse from warmth of any kind, as when near the fire. It returned promptly at 11 a.m. each morning, left her suddenly in the evening, and did not trouble her during the night. She slept well. But it returned again the next morning at 11 a.m. Pain felt severely across the forehead and eyeballs. Although this neuralgia had continued severely for several days, it was quickly cured by *gelsem.*  $\phi$  gtt. ii. every fourth hour, acting in twenty-four hours. The complaint quitted her suddenly at mid-day, and did not return again. The indication for this medicine was found in the course and progress of the symptoms (*Cypher Repertory*), viz., from the occiput to the forehead, head and eyes. Her diathesis is the gouty.

#### *Selection of medicine and remarks.*

Why choose *gelsemium*? From a strictly homœopathic point of view, which is our present consideration, where we have so definitely localised a neuralgia as this one is, it is a good plan to exclude at once all medicines which have not the symptom. Reasons for selecting any other would be farther to reach and more difficult to give than I am at present in a position to account for. Therefore, if on turning to the *Repertory* this symptom be found, it is most practicable to deal only with such drugs as possess it. Suffice it to say that few drugs present the characters of this neuralgia both in kind and locality. *Bar. carb.* (shooting pain), *cyclamen* (drawing pain, and through temple also), and *sabina*, and *kali carb.* (tearing pain), *lactic acid* (on lying down), *ag.-n.* (compressive and cutting), *glonoin* (throbbing), and *mr.-i.* (dull), and *macrotin* (dull), and *dirca p.* (deep, congestive, and with throbbing carotids), of all these none seemed to suit better than *gelsemium*, and from the fact that the catamenia were habitually copious in this case and were at that time in suspension, this appeared to afford still good grounds for its selection, and, as I ob-

served, it promptly cured the neuralgic pain. The kind of pain of *gelsemium* is of the dull kind in these localities, but it also produces severe neuralgic pains, that is, the pain has severe exacerbations, and pains also which have been described as drawing, dragging and tearing. We know that sometimes different persons describe pains which are essentially of the same nature by very different appellations, so that medicinal equivalents sometimes have their pains expressed under different kinds of pains. A definite seat and a direction of pain is of the highest importance, especially if the character of pain complained of closely resembles that which is described by the patient. What one person calls a quick, tearing pain, another person not so accustomed to describe his or her ailments may term a shooting pain, or may confess an inability to describe it at all until we suggest several kinds of pain to him, or show him a printed list, when he will often fix upon a pain corresponding to his idea of the meaning of the word standing for it. This renders the matter often very doubtful to the prescriber. Of course, in other instances, there is much less liability to error. Most persons, for instance, can distinguish between a "scraping pain" and a "throbbing pain" (or, as it is called in this locality of England, a "linking pain"). Again, a dull pain and an aching pain are to many persons about synonymous, and the same may be said of a bruised pain, or a pain as if beaten.

*On General Selection of Medicine, and Remarks.*

In selecting a medicine for two such cases as those just described, by what principles are we to be guided? Firstly, it is clear that in each case we have as data a given constitutional dyscrasia, or peculiar condition of general bodily health, as a basis; and secondly, an array of local symptoms of a special kind in each instance in addition. For the totality of these phenomena we have to prescribe. Now, of the several methods which might be enumerated of covering symptoms and conditions, &c., namely, of prescribing in some one way or the other under the very wide canopy of the homœopathic formula, two at least of such methods naturally occur to our minds as pre-eminent and superior, both in principle and practice, to all other methods under this law of similia. These two methods are—firstly (*a*), a selection precisely for the local symptoms according to their exact nature, with their

precise conditions and concomitants, &c., and this is one form of similia; and secondly (b), a selection suitable both to the general bodily health or dyscrasia, *plus* all the local symptoms precisely, with their exact conditions and concomitants, &c., and this latter method, as everyone knows, must form the highest and most complete form of homœopathy, and for obvious reasons. If there be several medicines in the *Materia Medica* which will fall easily into the latter category, it is clear that we are abundantly rich; if but one were found, the course open for selection should still be easy. But how often does it happen that we are not able easily to find this correspondence, and even sometimes perhaps it is not actually possible. We are then sometimes compelled to fall back, against our wish, on the former method, knowing it to be subsidiary, yet it often affords us a most material aid, enabling us to subdue all the local symptoms, with great relief to the patient and with the subsidence of the active disease. To take an illustration, I should consider that *belladonna*, when prescribed for enlarged glands, falls into this subsidiary branch of the homœopathic law. When prescribing this medicine for swellings of the lymphatic glands, whether cervical or mesenteric, everyone knows how beautifully this medicine acts, what great things it accomplishes for the glandular hyperæmia—sometimes subduing the swelling and even the inflammation with great rapidity, and nearly always doing good. No one, so far as I know, doubts its homœopathicity to such an array of symptoms, nor do I. Do not let us therefore smash this minor deity because he may be unable to avert for us the entire plague of scrofula. Do not let us seek to dishonour him even below his proper level, nor try to rob him of his habitation and his name. Let us at least yield him that respect which is his just due, lest we ourselves should be justly punished in return.

Now, it is easy to find a drug in the *Repertory* having the exact local symptoms, compared with the task of getting one to meet both these and the dyscrasia. For instance, several medicines suit gouty persons as a general thing, but the local symptoms may be absent from the *Repertory* under these very drugs, and considering that the provings are not as yet quite complete, what are we to do? Are we to throw overboard the local symptoms and give a drug, which is known as a general thing to be suitable to gouty persons

—say, for instance, *colchicum* or *actæa*, &c.—for every person whose case we cannot at the time completely cover? We naturally say no; this would be very risky work. Again, are we to select some one special symptom, and call it a key-note, and provided the mental condition simply be present, and even, if you will, the general suitability of such drug to the dyscrasia, are we to select this for our totality, believing it to be the best medicine? This, again, would be risky; the local symptoms, if not in the provings, might fail to give way, and the patient be a long time getting better. Except in exceptional instances, this is so, because the immense number of symptoms now at our disposal enable us in the great majority of medicines to determine exactly in which direction the local symptoms turn or tend. The provings should contain the evidence of this within themselves. They are open to everybody's inspection, and if we say that because drug A causes symptom B—that this being a purely mental symptom, or any other peculiar symptom—that it is therefore *the* medicine, because of this key-note, we shall be in serious danger of error. That any person of note or distinction should have stated it so, or told us of it, does not necessarily make it any the more true. In fact, the very circumstance that such medicine should be capable of setting up this mental state, *plus* a state of bodily health in general allied to gout; and yet, after having accumulated hundreds and perhaps thousands of symptoms, that there is not a symptom anything like the local symptoms we require, but instead, perhaps, they all point quite in another direction, and sometimes quite in the opposite direction, seems to me to be almost absolute proof that **THE** medicine is not homœopathy at all according to the higher conceptions of that term, and that we cannot expect any speedy amelioration of the array of symptoms then before us. Hahnemann tells us to prescribe for the totality in each instance. Let us do so. For instance. To state that *calcareæ* has a special homœopathic key-note among local symptoms, observed only from our perception of a case of cure, when amongst the enormous array of *calcareæ* symptoms, there is no such one, nor anything like it, but symptoms quite in the reverse direction for the most part, and to make such an indication without at the same time qualifying it as clinical only, may be to mislead any persons seeking for information who may

be less well informed than those who bring forward such symptoms as leading homœopathic indications.

On the extremities, the pathogenetic symptoms of *calc. carb.* are heat, or else heat and sweat, quite the reverse of cold, damp feet, which finds no place in the provings. The former condition is a very common one, and especially so in young delicate children, in association with some of their ailments, and, as I have verified over and over again in practice, *calc. carb.* cures well under these circumstances; but if it be prescribed for cold, damp feet, it does not succeed nearly so well. If it cure under this last-named condition, it must be quite exceptional, and I doubt even then if it removes this very symptom of cold dampness. There is no conclusive proof that it is in the higher homœopathic grade for such a condition.

Again, as regards the head symptoms of perspiration, when we look into the pathogenesis, what do we find? Not sweating of the head as has been sometimes given as its indication; on the contrary, it is sweat on the forehead, face, and back of the neck. Head perspiration especially is left out. We do, on the other hand, notice plenty of heat about the head. Here, in clinical observation, we may often be led into error unless guarded; for many persons if asked if the child sweats at night about the head, will say, "O, yes, a great deal;" whereas they have not precisely understood our meaning, and give their answer too readily. Thus they may have seen sweat on the face, neck, and other parts, and so give us this answer for sweating on the head. As a contrast, *silicea* again does cause sweat on the head and of the head itself, and this is noted that it may actually run from the head down upon the forehead. Here, then, is a distinct difference between these two drugs so far as the provings can at present tell us. The sweat for *calcarea c.* is on the forehead and face *per se*, that of *silica* on the head, streaming down to the forehead and face, and the latter is just what we get in rickety children where *silica* is so useful. Moreover the odour of the sweat is different in the two cases. I cannot help thinking that cases of the head perspiration cured by *calc. carb.* may have been actually sweating of the forehead, face, occipital region, &c., and not essentially of the head. We must substantiate and justify homœopathy more by the provings, rather than by irrelevant things.

## ON THE GERM THEORY.\*

BY PROF. PASTEUR.

THE subject of my communication is vaccination in relation to chicken cholera and splenic fever, and a statement of the method by which we have arrived at these results—a method the fruitfulness of which inspires me with boundless anticipations. Before discussing the question of splenic fever vaccine, which is the most important, permit me to recall the results of my investigations of chicken cholera. It is through this inquiry that new and highly-important principles have been introduced into science concerning the virus or contagious quality of transmissible diseases. More than once in what I am about to say I shall employ the expression virus-culture, as formerly, in my investigations on fermentation, I used the expressions, the culture of milk ferment, the culture of the butyric vibron, etc. Let us take, then, a fowl which is about to die of chicken cholera, and let us dip the end of a delicate glass rod in the blood of the fowl, with the usual precautions, upon which I need not here dwell. Let us then touch with this charged point some *bouillon de poule*, very clear, but first of all rendered sterile under a temperature of about 115° centigrade, and under conditions in which neither the outer air nor the vases employed can introduce exterior germs—those germs which are in the air, or on the surface of all objects. In a short time, if the little culture vase is placed in a temperature of 25° to 35°, you will see the liquid become turbid, and full of tiny microbes, shaped like the figure 8, but often so small that under a high magnifying power they appear like points. Take from this vase a drop as small as you please—no more than can be carried on the point of a glass rod as sharp as a needle—and touch with this point a fresh quantity of sterilized *bouillon de poule*, placed in a second vase, and the same phenomenon is produced. You deal in the same way with a third culture vase, with a fourth, and so on to a hundred, or even a thousand, and invariably, within a few hours, the culture liquid becomes turbid, and filled with the same minute organisms.

At the end of two or three days' exposure to a temperature of about 80° C. the thickness of the liquid disappears,

\* Read before the International Medical Congress, London, 1881.

and a sediment is formed at the bottom of the vase. This signifies that the development of the minute organism has ceased—in other words, all the little points which caused the turbid appearance of the liquid have fallen to the bottom of the vase, and things will remain in this condition for a longer or shorter time, for months even, without even the liquid or the deposit undergoing any visible modification, inasmuch as we have taken care to exclude the germs of the atmosphere. A little stopper of cotton sifts the air which enters or issues from the vase through changes of temperature. Let us take one of our series of culture preparations—the hundredth or the thousandth, for instance—and compare it, in respect to its virulence, with the blood of a fowl which has died of cholera; in other words, let us inoculate under the skin of ten fowls, for instance, each separately, with a tiny drop of infectious blood, and ten others with a similar quantity of the liquid in which the deposit has first been shaken up. Strange to say, the latter ten fowls will die as quickly, and with the same symptoms as the former ten; the blood of all will be found to contain after death the same minute infectious organisms. This equality, so to speak, in the virulence both of the culture preparation and of the blood, is due to an apparently futile circumstance. I have made a hundred culture preparations—at least, I have understood that this was done—without leaving any considerable interval between the impregnations. Well, here we have the cause of the equality in the virulence.

Let us now repeat exactly our successive cultures, with this single difference, that we pass from one culture to that which follows it—from the hundredth to, say, the hundred and first, at intervals of a fortnight, a month, two months, three months, or ten months. If, now, we compare the virulence of the successive cultures, a great change will be observed. It will be readily seen from an inoculation of a series of ten fowls, that the virulence of one culture differs from that of the blood, and from that of a preceding culture, when a sufficiently long interval elapses between the impregnation of one culture with the microbe or the preceding. More than that, we may recognise by this mode of observation that it is possible to prepare cultures of varying degrees of virulence. One preparation will kill eight fowls out of ten, another five out of ten, another one out of ten, and another none at all, although the microbe may still be cultivated. In fact, what is no less strange, if

you take each of these cultures of attenuated virulence as a point of departure in the preparation of successive cultures and without appreciable interval in the impregnation, the whole series of these cultures will reproduce the attenuated virulence of that which has served as a starting point. Similarly, where the virulence is null it produces no effect. How, then, it may be asked, are the effects of these attenuating virulences revealed in the fowls? They are revealed by a local disorder; by a morbid modification, more or less profound, in a muscle—if it is a muscle—which has been inoculated with the virus. The muscle is filled with microbes which are easily recognised, because the attenuated microbes have almost the bulk, the form, and the appearance of the most virulent microbes.

But why is not the local disorder followed by death? For the moment let us answer by a statement of facts. They are these: The local disorder ceases of itself more or less speedily, the microbe is absorbed and digested—if one may say so—and little by little the muscle regains its normal condition. Then the disease has disappeared. When we inoculate with the microbe, the virulence of which is null, there is not even local disorder, the *natura medicatrix* carries it off at once; and here, indeed, we see the influence of the resistance of life, since this microbe, the virulence of which is null, multiplies itself. A little farther and we touch the principle of vaccination. When the fowls have been rendered sufficiently ill by the attenuated virus which the vital resistance has arrested in its development, they will, when inoculated with virulent virus, suffer no evil effects, or only effects of a passing character. In fact, they no longer die from the mortal virus, and for a time sufficiently long—which in some cases may exceed a year—chicken cholera cannot touch them, especially under the ordinary conditions of contagion which exist in fowl-houses. At this critical point of our manipulation—that is to say, in this interval of time which we have placed between two cultures, and which causes the attenuation—What occurs? I shall show you that in this interval the agent which intervenes is the oxygen of the air. Nothing more easily admits of proof. Let us produce a culture in a tube containing very little air, and close this tube with an enameller's lamp. The microbe, in developing itself, will speedily take all the oxygen of the tube and of the liquid, after which it will be quite free from contact

with oxygen. In this case, it does not appear that the microbe becomes appreciably attenuated, even after a great lapse of time. The oxygen of the air, then, would seem to be a possible modifying agent of the virulence of the microbe of the chicken cholera: that is to say, it may modify more or less the facility of its development in the body of animals. May we not be here in presence of a general law applicable to all kinds of virus? What benefits may not be the result? We may hope to discover in this way the vaccine of all virulent diseases; and what is more natural than to begin our investigation of the vaccine of what we in French call charbon, what you in England call splenic fever, and what in Russia is known as the Siberian pest, and in Germany as the Milzbrand?

In this new investigation I have had the assistance of two devoted young *savants*, MM. Chamberland and Roux. At the outset we were met by a difficulty. Among the inferior organisms, all do not resolve themselves into those corpuscle germs which I was the first to point out as one of the forms of their possible development. Many infectious microbes do not resolve themselves in their cultures into corpuscle germs. Such is equally the case with beer yeast, which we do not see develop itself usually in breweries, for instance, except by a sort of fission. One cell makes two or more, which form themselves in wreaths; the cells become detached, and the process recommences. In these cells real germs are not usually seen. The microbe of chicken cholera and many others behave in this way, so much so that the cultures of this microbe, although they may last for months without losing their power of fresh cultivation, perish finally like beer yeast which has exhausted all its aliments. The anthracoid microbe in artificial cultures behaves very differently. In the blood of animals, as in cultures, it is found in translucent filaments, more or less segmented. This blood or these cultures freely exposed to air, instead of continuing according to the first mode of generation, show at the end of forty-eight hours corpuscle germs distributed in series more or less regular along the filaments. All around these corpuscles, matter is absorbed; as I have represented it formerly in one of the plates of my work on the diseases of silkworms. Little by little all connection between them disappears, and presently they are reduced to nothing more than germ dust.

If you make these corpuscles germinate, the new culture reproduces the virulence peculiar to the thready form which has produced these corpuscles, and this result is seen even after a long exposure of these germs to contact with air. Recently we discovered them in pits in which animals, dead of splenic fever, had been buried for twelve years, and their culture was as virulent as that from the blood of an animal recently dead. Here I regret extremely to be obliged to shorten my remarks. I should have had much pleasure in demonstrating that the anthracoid germs in the earth of pits in which animals have been buried are brought to the surface by earth-worms, and that in this fact we may find the whole etiology of disease, inasmuch as the animals swallow these germs with their food. A great difficulty presents itself when we attempt to apply our method of attenuation by the oxygen of the air to the anthracoid microbes. The virulence establishing itself very quickly—often after twenty-four hours in an anthracoid germ which escapes the action of the air—it was impossible to think of discovering the vaccine of splenic fever in the conditions which had yielded that of chicken-cholera. But was there, after all, reason to be discouraged? Certainly not; in fact, if you observe closely, you will find that there is no real difference between the mode of the generation of the anthracoid germ by scission and that of chicken-cholera. We had therefore reason to hope that we might overcome the difficulty which stopped us by endeavouring to prevent the anthracoid microbe from producing corpuscle germs, and to keep it in this condition in contact with oxygen for days, and weeks, and months. The experiment fortunately succeeded.

In the ineffective (*neutra*) *bouillon de poule* the anthracoid microbe is no longer cultivable at 45° C. Its culture, however, is easy at 42° or 43°, but in these conditions the microbe yields no spores. Consequently, it is possible to maintain, in contact with the pure air at 42° or 43°, a *mycélienne* culture of bacteria entirely free of germs. Then appear the very remarkable results which follow. In a month or six weeks the culture dies—that is to say, if one impregnates it with fresh *bouillon*, the latter is completely sterile. Up to that time life exists in the vase exposed to air and heat. If we examine the virulence of the culture at the end of two days, four days, six days,

eight days, etc., it will be found that long before the death of the culture the microbe had lost all virulence, although still cultivable. Before this period it is found that the culture presents a series of attenuated virulences. Everything is similar to what happens in respect to the microbe in chicken cholera. Besides, each of these conditions of attenuated virulence may be reproduced by culture ; in fact, since the charbon does not operate a second time (*ne r cidive pas*), each of our attenuated anthracoid microbes constitutes for the superior microbe a vaccine—that is to say, a virus capable of producing a milder disease. Here, then, we have a method of preparing the vaccine of splenic fever. You will see presently the practical importance of this result ; but what interests us more particularly, is to observe that we have here a proof that we are in possession of a general method of preparing virus vaccine, based upon the action of the oxygen of the air—that is to say, of a cosmic force existing everywhere on the face of the globe.

I regret to be unable, from want of time, to show you that all these attenuated forms of virus may very easily, by a physiological artifice, be made to discover their original maximum virulence. The method I have just explained of obtaining the vaccine of splenic fever was no sooner made known than it was very extensively employed to prevent the splenic affection. In France, we lose every year, by splenic fever, animals of the value of twenty million francs. I was asked to give a public demonstration of the results already mentioned. This experiment I may relate in a very few words. Fifty sheep were placed at my disposition, of which twenty-five were vaccinated. A fortnight afterward the fifty sheep were inoculated with the most virulent anthracoid microbe. The twenty-five vaccinated sheep resisted the infection ; the twenty-five unvaccinated died of splenic fever within fifty hours. Since that time my energies have been taxed to meet the demands of farmers for supplies of this vaccine. In the space of fifteen days we have vaccinated in the departments surrounding Paris more than twenty thousand sheep, and a large number of cattle and horses. If I were not pressed for time I would bring to your notice two other kinds of virus attenuated by similar means. These experiments will be communicated by-and-by to the public. I cannot conclude, gentlemen, without expressing the great pleasure I feel at the thought that it is as a member of an International Medical Congress

assembled in England that I make known the most recent results of vaccination upon a disease more terrible, perhaps, for domestic animals than small-pox is for man. I have given to vaccination an extension which science, I hope, will accept as a homage paid to the merit and to the immense services rendered by one of the greatest men of England, Jenner. What a pleasure for me to do honour to this immortal name in this noble and hospitable city of London!

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## REVIEWS.

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*Transactions of the International Homœopathic Convention, held in London, July, 1881.* London: J. E. Adlard, Bartholomew Close. 1881.

WITH a degree of promptitude which is in the highest degree creditable to Dr. Hughes, the *Transactions* before us appeared within two months of the close of the meetings, of which they form a record. To have accomplished so arduous a task as the arrangement, revision, and correction of 800 such pages as those in this volume, must have made large demands not only on the editor's time, but must likewise have tested his ingenuity.

We find at the commencement a list of the officers and members of the Convention. Presence at the meetings, and affixing the signature to the roll, was held to constitute membership. Of members, then, there were among ourselves eighty-two. But these figures are far from representing all English practitioners of homœopathy who took an interest in the proceedings. This is happily made apparent by the list of those who subscribed towards defraying the expenses of the meetings published in our *Review* for June. Of those who contributed of their substance, but were from one cause or another unable to be present, there were forty-nine. So that we may fairly say that 131 British practitioners took part in the proceedings.

The volume is divided into four parts. The first contains the minutes of the general meetings and of the sectional meetings. The second is devoted to the address of the President. The third to the reports of the progress of homœopathy in different parts of the world. The fourth to the various essays that were presented for discussion, of which there are twenty-one.

The method adopted of placing copies of the papers in the hands of a few chosen speakers, and of only reading abstracts of them to the members assembled, had several great advantages. Time was saved, and a large amount of discussion took place which, had the essays been read, would have been impossible.

Further, the debaters being chosen beforehand, from among those whose previous work had shown them to be especially qualified to deal with the subjects entrusted to them, was also advantageous. The speeches were much superior to those ordinarily heard on such occasions, were much fuller, and much more instructive. They read in the *Transactions* like brief but carefully prepared essays. Debaters were not, however, limited to those appointed to speak, but these gentlemen having concluded what they had to say, others had an opportunity of expressing their opinions, which they did freely and fully, and, as we can well see in the reports, with much advantage.

This plan of carrying on a scientific meeting is much to be preferred to that ordinarily adopted of reading the papers *in extenso*, and debating them afterwards. Doubtless, to be carried out as fully as it may be, a copy of the paper to be discussed should have been in the hands of every member present. This, however, was impracticable on the occasion we are considering.

We most confidently commend the reports of these speeches to the attention of our readers, feeling assured that they will read them, as we have done, with great interest.

The reports of the discussions are followed by the eloquent and excellent address of the President, Dr. HUGHES. We listened to the address with much pleasure, and we have read it with still greater. The conception of homœopathy set forth therein is, we are sure, the correct one. The determination, come what may, to adhere to what we believe to be true, expressed by Dr. Hughes, is worthy of all admiration. While the desire that differences of opinion should not be hindrances to professional association, but rather subjects of professional discussion which should lead to higher, wider, and more accurate conceptions of what is true in medicine, will find an echo in every breast not stifled by prejudice, ignorance, or narrowness. All who read this address will, we feel sure, rise from its perusal the better for having done so.

The third part is devoted to reports on the history of homœopathy during the last five years, furnished by Belgium, Canada, France, Germany, Great Britain and her Colonies, India, Italy, Russia, Spain, and the United States.

Dr. Martiny, of Brussels, describes the present state of homœopathy in Belgium. His brief account assures us that the progress of our views there is eminently satisfactory, and especially so at present. Hence, when in 1886 the next International Homœopathic Convention assembles in its capital, we believe that those who are present will find that its appreciation has largely extended.

Canada is reported on by its provinces. Dr. Logan, of Ottawa, sketches its history in Ontario; Dr. Nichol, of Montreal, writes on behalf of Quebec; and Dr. Allan King, of St. John, for the

Maritime Provinces. The result is an exhibition of steady progress, both among the more intelligent classes of society and among medical men.

Dr. Claude, of Paris, is the author of the report on France. There, it appears, the progress of homœopathy is not so rapid as we should expect it to be. The reason, however, is all too plain, and consists in the propensity of our neighbours to form themselves into groups, divided against one another, on points of secondary importance. Dr. Claude's account of these divisions among the 800 homœopathists who minister to the wants of their country remind us of the words of M. Thiers, who, when taking leave of the deputies before the holidays, expressed a hope that on their return to Versailles he should find them less Republican, less Bonapartist, less Legitimist, and all more *French*. We would that our colleagues in Paris could be brought to feel that, by attaching supreme importance to minor points, they are impeding the progress of homœopathy; that one large and comprehensive society would effect far more good than three small and, as it were, sectarian associations; that one good-sized hospital would be more useful than two comparatively little ones; that a journal which would give currency to the views of all would do more good than three or four which are limited to the expression, each of one set of opinions; that union is strength is a lesson our French brethren have got to learn; and, if homœopathy is to advance there, they must both learn it and act up to it.

Germany was to have been reported on by Dr. Goullon, jun., of Weimar, but as he failed to do so, Dr. Dudgeon, who is thoroughly familiar with German literature, undertook the task. His account is not satisfactory. In Germany homœopathy appears at the best to be stationary. The practice of medicine there offers but a slender chance of making a livelihood. Competition is great, and the fee, regulated by law at two marks or a couple of shillings a visit, does not admit of a homœopathic physician making a living. Patients get well under homœopathic treatment too fast to allow of a physician earning enough to keep himself and his family at two shillings a visit, so homœopathy makes but little progress. To be a physician in Germany a man must be an allopath to make as many visits during an illness as will enable him to keep himself. Just now, however, a good deal of attention is being directed to homœopathy by allopathic persecution, so that we look for a revival in the fatherland of homœopathy ere long.

The state of homœopathy in Great Britain and the Colonies is set forth by Dr. Pope, and as that may be fairly supposed to be known by our colleagues here, we need not further refer to it.

Dr. Sircar's account of the history of homœopathy in India is very interesting, and from it we gather that progress there, though slow, is still satisfactory.

In Italy the spread of homœopathy is, according to Dr. Arnulphy, of Nice, restricted by imperfect organisation. Nevertheless, improvement is being daily manifested, and if Italy can boast of a few physicians so earnest and so accomplished as Dr. Cigliano, who attended the Convention, we are sure that homœopathy will ere long become a power in that country.

The account of homœopathy in Russia, by Dr. Bojanus, of Moscow, is very interesting. When we consider the innumerable restrictions on freedom of opinion and indeed on everything else which exist in that country of Imperial and Nihilistic despotism, we think his report may be regarded as good.

A native having failed to respond to the invitation to tell us how homœopathy fares in Spain, Dr. Tuckey very kindly undertook to examine the facts concerning its progress. In the course of a short but interesting narrative, he succeeds in showing that quiet but satisfactory progress is being made in all departments of the Peninsula.

Following the easy-going people of Spain, who proverbially put off doing to-day what they fancy that they can do as well to-morrow, we come to the report by Dr. Talbot, of Boston, on the state of homœopathy in the energetic young giant of the Western hemisphere—the United States of America. From this we find that, starting with one homœopathic physician in 1825, they have to-day upwards of six thousand, and, in addition, twenty-six State and more than one hundred local societies, thirty-eight hospitals, forty dispensaries, eleven medical colleges, and seventeen journals. We trust that homœopathy will continue to flourish there, and when we note the earnestness and ability displayed in the discussions by those who came over to represent American homœopathy at the Convention, we have not a shadow of doubt but that it will do so.

This portion of the *Transactions* concludes with a report on homœopathy in Victoria, Australia, by Mr. Martin, of Melbourne. His account is in all respects satisfactory.

The concluding section of this volume is made up of the essays presented for discussion. Of these we gave a brief *résumé* in our report of the proceedings in our August number. We need, therefore, say nothing further about them, save that in all therapeutics is prominent, especially prominent. The cure of disease is that which the writers have aimed at discussing—not the *post mortem* appearances it displays. Hence, these papers are of considerable value, and when read in connection with the criticisms they elicited in debate, will we are sure be found very useful to both students and practitioners of medicine.

Finally, we must congratulate Dr. Hughes on the complete success of the gathering he initiated, worked at unremittingly, and carried through with so much gratification to everyone concerned. The volume we have been noticing completes his work, and does so most worthily. We trust that all our medical brethren will purchase it. The cost must have been considerable to admit of so handsome a volume being brought out in the way it has been, while, as is well known, the funds at the disposal of the committee were quite inadequate to provide for the publication of the *Transactions*. We therefore trust that Dr. Hughes will not be allowed, through a deficiency in sales, to be any loser by having so generously, so thoroughly, and so creditably finished the work he had undertaken.

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*The Homœopathic Physician's Visiting List and Pocket Repertory.*

By ROBERT FAULKNER, M.D. Boericke & Tafel.

WHEN, as is usual at the close of the year, medical practitioners are beginning to think about a new visiting list, we would commend that before us to the notice of homœopathic practitioners. Its chief feature is that it contains a Repertory; which, brief though it is, will oftentimes prove useful. In addition to the spaces ruled for the record of a visit the corresponding page is ruled with spaces sufficiently large to allow of the name of the medicine being written therein—a very great convenience in many instances.

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## NOTABILIA.

### BATH HOMŒOPATHIC HOSPITAL.

A BAZAAR and Exhibition of Paintings and other Works of Art was held in the City of Bath, during the first week of last month. The following report of the proceedings is from the *Bath Argus*, of the 5th ult. :—

“ The Bazaar was opened at noon on Wednesday by the Mayor, who was supported, amongst others, by the following gentlemen :—the Revs. C. S. Hort, G. Newnham (of Corsham), and N. Nurnberg; Colonel Black; Doctors Holland, Newman, and Norman; Messrs. G. Cruickshank, T. Reeves, &c.

“ In his speech his Worship observed that when he was requested to open that bazaar, he decided to pay a visit to the hospital. He did not give the management notice in order that a holiday appearance might be put on, and everything put shipshape, but quietly walked there one day after his duties at the Guildhall were discharged, and asked permission to inspect the wards. He must congratulate the committee upon the arrange-

ments that were made for the indoor patients. Everything seemed in perfect order, the matron was most attentive and obliging, and the patients grateful. Since its establishment it has admitted 520 in-patients, and treated 15,600 out-patients. They must at once realise in some slight degree the benefits the committee had been conferring upon the poor of our city. His Worship made complimentary reference to Dr. Holland, who so kindly gave one day in six to the hospital, Dr. Newman, the founder, who was actively connected with it for 35 years, and who is now an honorary physician, and Mr. Norman, who devoted two days a week to the institution, and then declared the bazaar open.

“The Rev. G. Newnham proposed a vote of thanks to the Mayor. Colonel Black seconded, and after being supported by Dr. Holland it was carried.

“The Mayor on returning thanks was presented with a bouquet by Miss O. Hort. Mr. G. Cruickshank mentioned that after the American war eight or nine hundred soldiers were treated by the homœopathic system, and a similar number by the allopathic mode. Under the former 5 died and 15 remained in the hospital, while under the latter 120 died and 139 remained in the hospital.

“A great feature of the bazaar was the valuable and interesting assemblage of objects displayed in the Octagon Room. There were pictures, china, examples of work in the precious metals, embroidery, and other things in which the cultivated mind delights. The pictures were placed around the room; some on tables rested against the walls, with others hanging above them, and many found most convenient places on the well-known seats of the rooms. The contents of one of these seats were particularly attractive, and as they faced the windows they were well lighted, an advantage which, from the construction of the room, it was impossible all these treasures could enjoy. The pictures we allude to were part of a large contribution sent by Dr. Dyce Brown. They were a remarkably good example of Collins—a very pretty picture with a wrong name; a capital Morland called ‘The Fleecy Charge,’ a title that will suggest the subject to those acquainted with his works; and a picture of the present time, a water-colour by Wilmot Pilsbury, in which a wheat field, with distant village, is most skilfully treated. Dr. Brown also sent a capital sketch of a dead pigeon by W. Hunt, one of J. D. Linton’s single figure studies, entitled ‘Off Guard,’ a recent picture by Stocks of ‘Dante and Virgil crossing the Styx,’ and several other works of mark. Of Mr. Blaine’s contributions, one struck us as being particularly charming; it appears to be the portrait of a young lady, in which the pretty face is full of animation. She is dressed in black, with a white lace

ruff, and a turban of similar material—a fashion of the last century. Mr. Butcher's picture of 'Cheddar Cliffs, with fog coming up the Gorge,' is a good example of Hardwick's work in oil. The capital pictures of sheep and Scotch cattle by Park, were contributed by the Mayor, who also sent, besides others, a large picture in which a fine St. Bernard is represented as having found a child in the snow, but being hung above a door it was out of the reach of close inspection. Mr. Milsom's very pretty circular pictures by Branwhite were unfortunately hung on the dark side of the room. Mr. Milsom also sent a fine Syer. Mr. G. H. Sturmeay was a liberal contributor, as was Mr. Rainey and Mr. Hill. In a corner, with little light upon it, we observed a large and powerful Rembrandt etching, sent by Mr. Harbutt. A set of water-colour drawings, representing the scenery of the Ottaway, excited a great deal of interest, from their subjects, bright autumnal colouring, the patience with which they had been studied, and also from the fact that they were the work of a member of an old Bath family, Mr. Alfred Holdstock, who left his native city for Canada many years ago. We were struck with the dexterous brush-work and pleasant colour of a small plaque sent by Mrs. Holland, in which a nymph is represented playing on a flageolet. It was in one of two cases contributed by Mr. Chivers, containing fine specimens of old and modern silver and gold plate, carved ivory tankards, pierced silver work, and who also had a beautifully constructed 'piping bullfinch,' who every now and then issued from his golden nest and sang most merrily. The Rev. C. Hort sent some Moorish china; Mr. Goodman had a large case containing choice examples of the Ceramic art. Lady Straubenzee, we noticed, contributed beautiful alabaster frames, ivory carvings, and some works in which coral was mixed with silver filigree, producing excellent results. Mrs. H. M. Skrine sent many beautiful things. Mr. J. D. Harris, besides some fine bronzes, sent most delicate and tasteful examples of goldsmith's work from Cashmere and China; particularly we noticed an exquisitely wrought casket from the latter country. The Art needlework from South Kensington appeared to us most beautifully executed, but of course a judgment on that must be left to the ladies, and they certainly seemed satisfied. All that we observed appeared to be perfect in design and arrangement of colour. Other beautiful things were lent by Lady Dynevor, Lady Jane Swinburne, Mr. T. Owen, Mrs. F. Clerk, Mr. E. T. Payne, Mr. Tyndale, and others. A very beautiful piano, the case of which was made by Mr. Knight, was contributed by Messrs. Milsom and Son. Mr. Chapman's basso relievos attracted much attention. During each evening this room has been very effectually lighted by electricity, the machinery being under the super-

intendence of Mr. Braham. Probably in case of accident the gas chandeliers were lit, but the new light paled them sadly. So bright and pure was it that the pictures could well be seen in it. The effect of the delicate tints in Mr. Holdstock's Canadian drawings in no way suffered.

"The following is a list of those ladies who kindly undertook the duties of the stalls:—Mrs. Black, Miss Fox, Mrs. Hippesley, Mrs. Holland, Mrs. Norman, and the Misses Newman, Misses Little and Orr. There was also a host of young lady assistants, who were indefatigable in their praiseworthy endeavours.

"The decorations were by Messrs. Becket and Son, of Quiet Street. The Rhine Band performed at intervals in the gallery, and a Glee Choir, accompanied by Mrs. Frith on a piano kindly lent by Mr. Soane, enlivened the proceedings during the evenings."

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#### PROFESSOR GREENFIELD ON THE LATE PROFESSOR HENDERSON.

DR. W. S. GREENFIELD is now the occupant of the chair of Pathology in the University of Edinburgh, once filled by Professor Henderson. On the occasion of his Inaugural Address, Professor Greenfield reviewed the past history and present state of the science it is his business to teach. In his opening remarks, he referred to the institution and conduct of the chair. The first professor, Dr. John Thompson, is alluded to in no friendly spirit; he told his hearers that "during his tenure of the professorship, pathology did not suffer in the school, but it was by the labours of his colleagues rather than his own that it was enriched." Of Professor Henderson, he says, "I know not what influence may have been exerted by it during his long tenure of office, but it cannot have been marked in the hands of one, who, whatever his genius and accomplishments, was in the strange position of professing a subject whose methods are practical, and whose principles are the basis of scientific medicine, whilst he practised a system of therapeutics, originating in groundless theories, and uncontrolled by scientific observation. Thus, for thirty-eight years after its foundation, the chair, instead of advancing on the lines of observation and research, which should have made it a distinguished aid to science, remained practically useless for that purpose."

Dr. Greenfield has, as all who know anything of modern pathology know, done good work in that department of science, and has established his right to be regarded as an authority therein. As a physician, as a curer of disease, it is otherwise. Not one fact, so far as we are aware, has ever been put forward by him calculated to render any aid in the treatment of disease.

He has not even done so much—as have others—as take a clinical observation on the use of drugs from homœopathic literature, and lay it before the profession generally as something new and useful! The distinguished man at whose memory he sneers so indecently was not only a pathologist of wide and varied learning, and an original observer of high repute, but he was a physician of large experience, one who not only knew what disease was, but how to cure such as was curable. Of him the late Dr. John Reid, of St. Andrews, once said—"if Henderson had not been a homœopathist, he would have been the leading physician in Scotland." As a diagnostician, Henderson had not his peer in Edinburgh. As a successful practitioner he was unrivalled. As a lecturer there was no professor whose addresses were characterised by greater research, more acute criticism, or by sounder or more practical learning, while none were more thoroughly abreast of the science of the day.

That Henderson confined his observations in science to the class-room is due to the fact that the medical periodicals of the day were closed to him. The subject of daily insults from his colleagues in the Faculty of Medicine, he withdrew himself from all association with them, and threw his energies into private practice, a department of work his success in which did much towards exciting enquiry into and stimulating the progress of homœopathic therapeutics some thirty years ago. Hated with all the vigour that an Edinburgh medical professor of that day appeared to feel so much pleasure in displaying towards one or other of his colleagues, Henderson was equally the subject of the fear and envy of the members of the medical faculty.

All this and much more arose from the fact that Dr. Henderson made homœopathy the subject of a prolonged, careful, and independent investigation, and finding that he could cure disease more quickly, more safely, and more pleasantly by employing his medicines on homœopathic indications, he honestly and openly confessed the results of his enquiries, and acted upon them in practice. This homœopathy, of which Professor Greenfield knows nothing whatever, into the merits of which he has never made any enquiry at all, is described by him as "originating in groundless theories," and as being "uncontrolled by scientific observation."

Is it likely, we would ask, that a physician who had devoted fifteen or sixteen years of his professional life to scientific investigations, who, as his immediate successor in the chair, the late Professor Sanders, said of him in his inaugural address, early "distinguished himself as an original observer of disease;" one to whom we are indebted for our power to discriminate between typhus and relapsing fevers, and again, between typhoid and typhus; whose pathological observations and clinical lectures

stamped him as a singularly accurate observer, is it possible, we would ask, that such a man would adopt a method of treatment "originating in groundless theories and uncontrolled by scientific observation." We believe that anything of the kind is utterly impossible, and the mere fact that a physician of Henderson's type did adopt homœopathy is *à priori* evidence of no mean value that it is a method which has a solid foundation in fact, and is in perfect harmony with scientific observation.

Professor Greenfield would be wiser were he to reserve his sneers at his distinguished predecessor until he has given proof that he is something more than an observer of the products of disease, that he knows something more than its mere natural history. When he does, he will, we think, regard Henderson's memory with somewhat more of respect than he did when he delivered his inaugural address last month.

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### INTERNATIONAL HOMŒOPATHIC CONVENTION.

THE treasurer requests us to state that the subscription of the Hon. Dr. Allan Campbell, of Adelaide, was erroneously published in the list as *one* instead of *two* guineas.

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THE following letter, which owing to an imperfect address only reached the President of the Convention last month, would, had it arrived in time, have been read at the meetings last July. Germany was unfortunate. One delegate from Central Germany was stopped by the illness of a near relative occurring suddenly just as he was on the eve of departure, and we learn from the letter we now publish that the representative of the Berlin Society of Homœopathic Physicians was detained by the dangerous illness of his wife. The letter runs as follows:—

" Berlin, 9th July, 1881.

" We deeply regret that Dr. Walz, the member of our Society who has been appointed to attend the International Homœopathic Convention in London, and to offer to you our best wishes and respects, is unable to be present with you, as his wife has suddenly become dangerously ill. We must therefore by this letter express to you our sincerest desire for the success of the Congress in the development of our venerated science, which is at present exposed to so much insult.

" We also wish to express our desire to enjoy the great honour of having the next International Homœopathic Convention held at Berlin—a desire which has been expressed in the address of the Homœopathic Central Society of Germany, and we join in

expressing a hope that the meeting of the International Homœopathic Congress may be held at Berlin on the 9th and 10th of August, and that it will be largely attended.

“ The Berlin Society of Homœopathic Physicians,  
“ Dr. Fischer, President.  
“ Kurfurstenstr. 58.”

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### THE LEE AND BLACKHEATH MEDICAL AND SURGICAL AID SOCIETY.

A SOCIETY on the Provident Aid principle has been formed in this district, under the management of an influential Committee. The object of the Committee is to enable the working classes and others who are unable to pay the usual professional fees, to secure for themselves, on provident principles, efficient medical advice and medicine during illness by their own periodical payments, aided by the contributions of honorary subscribers.

We are especially glad to see that the members of this Society are allowed the choice of either homœopathic or non-homœopathic treatment, and that to this end Dr. Arthur Kennedy, of Blackheath, has been appointed a medical officer conjointly with Dr. Chittenden, of Lee.

The Committee draw especial attention to this arrangement, as one that cannot be “ too highly valued.”

We congratulate the Committee on the truly just and liberal spirit displayed in their arrangements, and also on their having been able to secure the services of a homœopathic practitioner in whose skill and attention they may confidently place full reliance.

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### THE PASSION FOR PURGATIVES.

THE passion for purgatives, and the belief in their universal applicability, has been ridiculed by satirists and surgeons from Voltaire to Skey, but it still survives. A boy, aged 4½ years, named Frederick Dillnutt, has recently met with his death through the administration of a druggist's purgative powder. At the inquest, it was stated that the deceased had been ill for a day or two, and stayed at home from school. It was not thought that he was seriously ill, and the mother gave him a purgative powder. He became worse after having the powder, and died during the night, as he was being carried from one bedroom to another. Mr. John Brighthouse, of 93, Tollington Park, stated that deceased was dead when he was summoned to attend him. On making a *post mortem* examination, he found the whole of the organs healthy, the death having resulted from failure of the heart's action. The stomach and intestines were quite empty, which was no doubt owing to the strong purgative powder

which had been given. From what he had heard of the case, he had come to the conclusion that death had been actually caused by the strong purgative powder. He wished it to be distinctly understood that, to give a child a strong opening powder on the slightest appearance of sickness, was to place the life of that child in great danger; and the jury would, of course, know that, in the majority of instances, parents went to a druggist for a powder. The coroner said that his experience had shown him the truth of Mr. Brighthouse's remarks, and he hoped the press would make the case known. The jury returned a verdict that the deceased died from the administration of a purgative powder, and appealed to the members of the press to use their best endeavours in bringing a knowledge of the dangers of such powders to the public. The purgative powder is the pharmacist's panacea, and the apothecaries' cure-all. Although the most common, it is probably the most dangerous, and the most often abused weapon in the pharmacopœia. Prescribing druggists fly to it as their first implement, and most favourite nostrum. How many has it not slain, and how many thousands are yet doomed to die from "a simple purge"?—*British Medical Journal*.

### CULTIVATING SPONGES.

Messrs. McKesson & Robbins, of New York, are now showing in their office a sponge of fine texture and in every respect perfect, measuring 7 inches by 8 inches, the history of the growth of which is exactly known. This piece of sponge is one which has been grown in Florida from a cutting about two inches in length and of triangular shape, "planted" only seven months previously. It has not been previously supposed, we believe, that sponge grew so rapidly.

The "planting" was a rather curious process. From a parent sponge were cut 24 of these triangular cuttings, and through each a stick was thrust, and then stuck in the sand on the sponge-bar close to the shore. The whole process was conducted under water, the sponge never having been lifted from its natural element. The experiment was carried out by a gentleman residing at Pine Key, Florida, who was interested in the sponge business.

The natural propagation of sponge takes place at certain seasons of the year, when yellow jelly-like grains sprout from the substance which covers the skeleton of the sponge, projecting more and more, and gradually increasing in size. Each germ assumes an egg-like shape, and a large portion of its surface becomes covered with cilia all endowed with the power of vibration. These vibrating hairs act as oars to the little germ

to row it away as soon as it is freed from its parent to some other spot to which it may attach itself; and then, having answered the purpose for which they were expressly developed, the cilia fall off, leaving the germ gradually to develop the peculiar form and qualities of the parent sponge. This experiment at Pine Key now proves that the cultivation of the sponge artificially is not only practicable, but that a "crop" may, under favourable circumstances, be secured by this means in a much shorter time than by awaiting the ordinary course of nature. The experiments will doubtless be continued, and it will not be long before ground will be staked for "sponge beds," as it is for "oyster beds."

As the Mediterranean sponges are generally fished from deep water, it is probable that the experiment could not be so easily repeated there, but the result of the process in America will be watched with much interest, especially as Florida sponge has of late gone up considerably in value.—*Chemist and Druggist*.

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#### INDIARUBBER GATHERING IN COLUMBIA.

AN interesting account is given of this process in a report just issued by the United States Consul at Carthagen. When the hunter has found a rubber tree, he first clears away a space from the roots, and then moves on in search of others, returning to commence operations as soon as he has marked all the trees in vicinity. He first of all digs a hole in the ground hard by, and then cuts in the tree a V-shaped incision, with a machete as high as he can reach. The milk is caught as it exudes and flows into the hole. As soon as the flow from the cuts has ceased, the tree is chopped down, and the trunk raised from the ground by means of an improvised trestle. After placing large leaves to catch the sap, gashes are cut throughout the entire length, and the milk carefully collected. When it first exudes, the sap is of the whiteness and consistence of cream, but it turns black on exposure to the air. When the hole is filled with rubber it is coagulated by adding hard soap, or the root of the mechvacan, which have a most rapid action, and prevent the escape of the water that is always present in the fresh sap. When coagulated sufficiently, the rubber is carried on the backs of the hunters by bark thongs to the banks of the river and floated down on rafts. The annual destruction of rubber trees in Columbia is very great, and the industry must soon disappear altogether, unless the Government puts in force a law that already exists, which compels the hunters to tap the trees without cutting them down. If this law were strictly carried out there would be a good opening for commercial enterprise, for rubber trees will grow

from eight to 10 inches in diameter in three or four years from seed. The trees require but little attention, and begin to yield returns sooner than any other. Those that yield the greatest amount of rubber flourish on the banks of the Simu and Aslato rivers. The value of the whole indiarubber imported into the States annually is about \$10,000,000.—*Knowledge*, Nov. 18th.

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### THE LONDON SCHOOL OF HOMŒOPATHY.

A MEETING of the Governors and Subscribers of this institution will be held in the lecture room on Thursday, the 15th inst., at three o'clock, for the purpose of revising the rules and regulations by which it has hitherto been directed.

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### THE BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will be held this evening at 7 o'clock. At eight o'clock a paper will be read by Dr. Burnett on *The use of Argentum and its preparations in Gastric Affections*.

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## OBITUARY.

### T. H. TUDGE, M.D., M.R.C.S. Eng.

THE following notice of the late Dr. Tudge has been forwarded to us by Dr. Kiddle, of Bristol:—

“Timothy Hale Tudge was born of highly respectable parents near Malvern, in 1822. Through family reverses, however, he was deprived of the advantages of early education. Nevertheless courage, perseverance, and a natural talent enabled him to succeed well in life.

“He became connected after a time with a hydropathic establishment in Malvern. Here, under the superintendent-physician, he had often the care of gentlemen of high culture and attainments, and among them the late Lord Lytton. Frequently, too, he had to travel with them. His kind, genial, animated nature, and his vivacious and delightfully happy turn for conversation, soon made him a general favourite with the patients, who under the circumstances were usually very communicative and liberal of advice. Hence he had ample, various, and valuable opportunities for improvement, and of gaining useful information and knowledge.

“At length one gentleman was so interested in him as to insist upon his accompanying him to his residence, and ultimately to induce him to remain some years with him as his quasi-medical attendant. He soon came to be noted in the

neighbourhood for his skill in hydropathy, which brought him many patients; and it was while practising in this way among them that he first was made acquainted with homœopathy. A friend interested in the system gave him a small book on the subject, and some remedies, and entreated him to try them; which he did, and was at once struck by their effects. The book was then eagerly read, when his naturally astute mind caught at the idea of anything approaching *certainty* in therapeutics. Convinced of its validity, he became fascinated and delighted with the wonderful law of similars. From that time he was, throughout the remainder of his life, an ardent admirer and a bold defender of the School of Hahnemann.

“ He now determined to study for the profession, and accordingly informed his patron-patient, who rather than be deprived of his services took up his winter residence in London. Entering the Grosvenor School, where he took honours in anatomy and physiology, he worked hard, and passed his final College in 1864.

“ After taking a tour through France and Germany, he first commenced practice in partnership with a gentleman at Leeds.

“ In 1865, after passing an examination and producing an able thesis in phthisis, he graduated M.D. of Pennsylvania.

“ He remained a short time only at Leeds, and then went to Yeovil, where he quickly formed a large and respectable connection, and was extremely successful in practice. Notedly so when some four years ago that town was severely visited with small-pox—when, though he had a large number of patients, he never, if called in from the first, lost a case.

“ It is extremely difficult, especially in so brief a sketch, for a close friend to adequately and rightly estimate the character of the late Dr. Tudge. He was no ordinary man. And had he only taken some pains to make himself as efficient in writing as he did in many other matters, he might undoubtedly have wielded a wide empire over his fellows. He was essentially—withstanding one or two minor prejudices—a large-minded and large-hearted man. You had only to convince his intellect, or to touch his heart, to enlist his full and strong sympathy in any just cause. Possessed of much originality and force of character, he thought and felt deeply upon all important subjects that came under his notice. A brief period it may be, and the profession may know how deeply he thought and felt, for instance, upon the question of the medical education of the homœopath in this country. To understand something of the true metal of the man, it was necessary only to do something by the way, say, of running down a friend, or wilfully misrepresenting homœopathy. In an instant his crest rose, his bold, fine head swung back upon his shoulders, his dark eyes flashed, when, in a voice tremulous with emotion, he bore down upon his opponent with a very

torrent of eloquent invective. Occasions of this kind aroused the whole energy of his being; called forth the deep, powerful, masculine qualities of his mind; while his immense fund of information, his wide range of knowledge, his fertile and rich imagination, and his warm, kind heart, were alike plainly and at once discovered.

“Professionally, he had a most humble estimate of his own powers, and was never dogmatic, even to a junior. With a keen insight into disease, and a rare grip of the *Materia Medica*, he had all the gifts attaching to the true physician. His aim was always pure, disinterested, elevated, noble—without any respect of persons, to cure and to relieve suffering humanity.

“It was the knowledge of such facts as these, perhaps, that made so many weep when on the 25th of September last he succumbed to heart disease—a family complaint. Dr. Tudge was married, but had no children. He leaves his widow and a brother, as well as many friends, to deplore his loss.”

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### CHRISTOPHER WILLIAMS, ESQ.

WE regret to have to announce the sudden death, at a comparatively early age, of another colleague—Mr. Williams, of Belfast. Mr. Williams was born in 1835. His medical studies were pursued at Guy's hospital, and in 1860 he was admitted a member of the Royal College of Surgeons, and he received the license of the Apothecaries Company. About 1868 or 1869 he commenced the study of homœopathy, and in the latter year succeeded Dr. Edward Blake in his practice at Wolverhampton. Here he remained until 1876, when he removed to Belfast. Homœopathy had few friends there at this time, but Mr. Williams had succeeded in overcoming many difficulties, and laying the foundation of a practice which gave promise of being of considerable extent. For some three years he has had occasional attacks of cystitis, which have caused him both suffering and anxiety. Five days before his death he had to go late at night some miles into the country to attend a midwifery case. Walking home appeared to bring on an attack, when complete retention occurred, followed by uræmic poisoning.

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### CORRESPONDENCE.

#### TYPHOID FEVER AT MÜLLER'S ORPHANAGE.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—I regret that I cannot redeem the promise you kindly made on my behalf, in your last *Journal*, to write a paper

on typhoid fever, but gladly give the results of two epidemics of it at the Orphan Houses here.

The New Orphan Houses, more generally known as "Müller's," are five in number, detached, and situated in a commanding position on the top of Ashley Hill, about two miles to the north-east of Bristol, and, when built, were "in the country," but now the town extends beyond them, though each house is situated in a large space of its own ground. All five houses are substantially built, well lighted, and thoroughly ventilated.

Each has its own well of good water, and some of these give an abundant supply at all times; the bread is all baked in No. 1 house. The milk is from one farm, but its channel of distribution is distinct for each house. Each house has from 400 to 500 inmates, besides officials.

The position of the houses, the extreme cleanliness, the thorough ventilation, the complete absence of all unnecessary drapery, would lead one to expect a high standard of health; but this is fully compensated for in the fact that the children are greatly predisposed to hereditary disease, especially struma, or phthisis, or they have lost *both* parents, (and a very large number of the children have lost both parents by phthisis), which, we all know, tells greatly against the patient in any illness.

House No. 2, in which the epidemic of August last took place, is occupied by 400 girls; these are divided into three sections. "Infant wing," "Girls' wing," and the "Domestic Department," the last occupying the centre of the building, and consisting of the older girls; there is free intercommunication between the different parts of the house, but the children do not mix. The management is under one control for all the five houses.

The support is from voluntary contributions, and unsolicited. There is no collection, no list of donors published, no ordinary incentives to get money, and these contributions come from all parts of the world; the institution is, in fact, a standing monument of a living faith in God and his promises. Into this part I must not further enter, though much might be written thereon.

In the year 1875, there occurred here a sudden outbreak of typhoid fever, confined to two houses, (Nos. 2 and 5); there were over 500 cases, with a result of 13 deaths. They were principally treated with *baptisia* in a low dilution, *gelsemium* to allay restlessness and irritation, and in the after treatment, *arsenicum*.

The well-marked effect of *baptisia* led me to regard it as a great preventive to the exhaustion generally found during and after the course of the disease.

The cause of this attack was traceable to the children drinking water from a brook near the orphan houses when out for their usual country walk. Many were prostrated a few days afterwards; and the effects continued to show themselves for five or six weeks, with the result I have described. During the recent epidemic, which occurred during my absence, the cases were treated by Mr. Salmon, who has charge of the health department, and who adopted the same plan of treatment that proved so beneficial in the former epidemic; Dr. Nicholson, of Clifton, attended for me when sent for during my absence. There were 101 cases all confined to No. 2 house, but strangely located as to their distribution, an equal number of children being affected in either wing, those in the middle or domestic portion of the building escaping entirely; this part is occupied by girls from 15 to 17 years old; one wing by infants aged from a few months to children of 10 years, and the other wing by girls from 10 to 16 years old. Of the 101 cases all recovered, though in some instances recovery was very tardy.

For this second epidemic no cause can be discovered, the patients were all supplied from one common source with water, milk, and bread and other articles of diet, all of which were carefully tested, and their purity ascertained, and the affected were fed in common with the healthy and unaffected.

From my experience in the first epidemic in 1875, and the results obtained in the last, I have no hesitation in strongly urging on the attention of our body the desirability of the free use of *baptisia* in typhoid fever. I believe in all cases it modifies the severity of the disease, and in many shortens its duration.

The very interesting paper on this medicine by Dr. Dyce Brown, in last months' *Review*, comes in very appropriately to the subject in hand.

Doubtless typhoid fever is a disease one would gladly obliterate, still from a long course of observation I find that the results are generally favourable to the patient. I believe it is a fact, and think the experience of others will corroborate mine, that a large proportion of the convalescents from typhoid fever become more healthy and stronger than before, and I can point to many instances where children have been very frail and delicate up to the time of taking this fever, and after their recovery have attained a much higher standard of health. I would even go further, and say there are few who do not benefit by it. I put it 2 per cent. risk of death on the one hand, to improved general condition of health on the other.

I am, yours &c.,

EUBULUS WILLIAMS, M.D.

Clifton, Nov. 18, 1881.

## NOTICES TO CORRESPONDENTS.

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•• We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from P. W. SEYMOUR, Esq. (London); Dr. HAYWARD and Mr. BLAKE (Liverpool); Dr. BAYES, (Brighton); Dr. SCRIVEN (Dublin); Dr. WILLIAMS (Clifton); Dr. KIDDLE (Lympsey Stoke); Dr. HOLLAND and Mr. NORMAN (Bath); Dr. BAYNES (Canterbury); Dr. GALLOWAY (North Shields); Dr. KENNEDY (Blackheath); J. M. WYBORN, Esq. (London); Dr. PRÖLL (Nice) &c.; Dr. E. M. MADDEN (Birmingham); Dr. BRADSHAW (Tunbridge Wells).

We are requested to state that there is at present a first-class opening for a homœopathic practitioner at Bombay, the present incumbent having to leave on account of his health. Particulars may be obtained from Dr. E. M. Madden, 14, Islington Road, Birmingham.

Dr. BRADSHAW, late of Nottingham, has removed to Holmrook, Tunbridge Wells.

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## BOOKS RECEIVED.

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*The Guiding Symptoms of our Materia Medica.* By C. Hering, M.D. Vol. iii. Philadelphia.

*The Homœopathic World.*

*The Chemist and Druggist.*

*The Student's Journal.*

*The Monthly Journal of Pharmacy.*

*The North American Journal of Homœopathy.*

*The Homœopathic Times.* New York.

*The New England Medical Gazette.*

*The United States Medical Investigator.*

*The Medical Counsellor.*

*The American Homœopath.*

*The Medical Call.*

*The American Observer.*

*The Medical Advance.*

*Boericke and Tafel's Bulletin.*

*Bibliothèque Homœopathique.*

*Revue Homœopathique Belge.*

*Allgemeine Hom. Zeitung.*

*El Criterio Medico.*

*Reforma Medica.*

*Boletino Clinico.*

*Rivista Omiopatica.*

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W., or to Dr. D. DYON BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.









